

**Six Man Youth Football Association 2009 Registration
and Release Form**

CHILD'S FULL NAME: _____ AGE AS OF SEPT. 1ST: _____

GENDER: _____ DATE OF BIRTH: ____/____/____ SCHOOL: _____
(MM/DD/YYYY) (FALL 2009)

GRADE: _____ STREET ADDRESS: _____

APT #: _____ CITY: _____ STATE: _____ ZIP CODE: _____

2009 TEAM: _____ DESIRED JERSEY #: _____ ALTERNATE #: _____

PLEASE LIST ANY OTHER FAMILY MEMBERS PARTICIPATING IN THE FOOTBALL PROGRAM AND RELATIONSHIP TO CHILD:

PRIMARY GUARDIAN INFORMATION

NAME: _____ RELATIONSHIP: _____

HOME PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____

EMAIL: _____ CELL PHONE: _____

SECONDARY GUARDIAN INFORMATION

NAME: _____ RELATIONSHIP: _____

HOME PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____

EMAIL: _____ CELL PHONE: (____) _____ - _____

MEDICAL INFORMATION

DOCTOR: _____ DOCTOR PHONE: (____) _____ - _____

DO YOU HAVE MEDICAL COVERAGE: YES / NO

INSURANCE COMPANY: _____

RELEASE CONSENT AND PARTICIPATION AGREEMENT
PLEASE READ CAREFULLY BEFORE SIGNING

I, the parent (or legal guardian) of the above name child, do hereby give my approval for his/her participation in any and all Six Man Youth Football Association activities during the current season. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Association, Board Members, coaches, the organizers, sponsors, supervisors, participants and any person connected to the Six Man Youth Football Association.

To Whom It May Concern: This is to certify if either parent (or legal guardian), of the named child, is **NOT** present at any Six Man Football Association activity (be practice, official League play or other activity) and he/she is hurt as result of accident, injury, or illness, I, the parent (or legal guardian) hereby grant permission to the adult manager, coach, or sponsor of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all practice league activities, including the period required to travel to and from those activities, and we do hereby waive, release, absolve, indemnify and agree to hold harmless the Six Man Youth Football Association.

I, the parent (or legal guardian) of the above mentioned child, understand the main philosophy of the Six Man Youth Football Association is to teach good sportsmanship. By registering my child to participate in the Six Man Football Association, I agree to exhibit good sportsmanship and abide by all the rulings of the official in charge at any Six Man Football Association activity.

PRINTED NAME: _____

RELATIONSHIP TO CHILD: _____

SIGNATURE: _____ DATE: _____