

**Name of Player** \_\_\_\_\_

### **League Registration Form**

I agree to allow my son/daughter to participate in the River Valley Youth Tackle Football League, Inc. football/cheerleading during the 2008 season. Having been advised of the organization of the Frankfort Youth Athletic Association, NFP to provide supervised football games and practices for boys/girls, we the parents of the attached named boy/girl hereby give our consent and approval to his/her participation in all activities, during the current season. We assume all risks and hazards incidental to the conduct of activities, transportation to and from activities, and release, absolve, indemnify and hold harmless the Frankfort Youth Athletic Association, NFP, the organizers, boosters, supervisors, Board Members, and any and all of them. In case of injury to our son/daughter, we hereby waive claim against the organizers or any of the supervisors and release from responsibility any person transporting our son/daughter to and from activities, any and all of them. We understand that our supervised group travel to and from games and practices. It does not cover replacement or eyeglasses, contact lenses, hernia or any for, or orthodontist work. To my knowledge, my son/daughter has no physical disabilities or illness which would limit his/her performance or for which I will hold the league responsible.

We understand the current registration fee. Each boy/girl must participate in the fund-raiser.

We further agree to return the equipment/uniform issued to him/her at the set turn-in date. The above items will be clean and in the same condition as he/she received it. We also understand that if the equipment/uniform is not returned we will be held liable for the cost of the equipment/uniform and in order to register my son/daughter the following year, a full-deposit for the cost of the equipment/uniform must be made at the time of registration.

Signature of parent of Legal Guardian \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

### **Medical Release**

In the event of injuries needing medical or hospital attention, I do hereby give my consent and release to the attending physician and/or hospital or clinic.

Child's Doctor/Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Please list any special medical conditions that your child has:

Please list any medications that your child is currently taking:

Please list any allergies that your child has: