Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Football Division:­­­­\_\_\_\_\_\_\_\_\_\_\_

Participants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jersey # preferred (this not a guarantee): 1:­­­­\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_\_ 3: \_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(COMMISSIONER USE ONLY)**

RETURNING PARTICIPANT: \_\_\_\_\_ / DRAFT: \_\_\_\_\_ / OPTION: \_\_\_\_\_ / BORTHER OPTION: \_\_\_\_\_\_\_\_\_\_\_

Returning Participant: League: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brother/Sister: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Birth Certificate: Yes\_\_\_\_\_ No \_\_\_\_\_ Verified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jersey Size: \_\_\_\_\_\_\_\_\_Pant Size: \_\_\_\_\_\_\_\_ Helmet #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shoulder Pad #: \_\_\_\_\_\_\_\_\_\_\_\_\_

I parent or guardian of said player herby gives approval of participant in all Haltom YouthFootball and Cheer League activities. I herby grant permission to manage personnel or other leaguerepresentative to authorize and obtain medical care from a licensed physician, hospital, or medicalclinic should participant become ill or injured while participating in league activities away fromhome, or when neither parent nor guardian is available to grant authorization for emergencytreatment. I assume all risk and hazard incidental to such participation, including transportation toand from activities, and do hereby waive, release, absolve, indemnify, and agree to hold harmlessHaltom Youth Football Organization the organizers, sponsors, supervisors, participants, and persons transporting the participant to and from activities, for any claim arising out of injuryto the participant. I further agree to furnish birth certificate for the participant on request of leagueofficials and to return the equipment issued to the participant in as good condition as when received,except for normal wear and tear from league activities. I also understand photos may be taken of theparticipant and may be used on facebook and or our website.

I, ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the above statement.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(BOARD USE ONLY)**

League: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_Cash: \_\_\_\_\_\_\_\_\_\_\_\_\_ CC: \_\_\_\_\_\_\_\_\_ Initials:­­­\_\_\_\_\_\_\_\_\_\_