

# 2008 Pembroke JR Spartans Registration Form



**1) Parental Consent**

-I, the parent or legal guardian of: \_\_\_\_\_, a candidate for a position on the Pembroke Jr. Spartans Football team, do hereby grant permission in any and all team activities including out of town travel.

**2) Release from Liability** – I understand that there are risks and hazards incidental to participation on a football team. I agree to assume all such risks and hazards, including transportation to and from activities. I do hereby waive, release, absolve, indemnity and agree to hold harmless Pembroke Friends of Football., the PFOF, the Officers, Directors, Coaches, Sponsors, Volunteers, Participants and Persons transporting my child to and from any and all team activities, for any claim arising out of an injury to my child, for or as a result of any cause.

**3) Scholastic Fitness** – I am of the opinion that my son / daughter / ward, is scholastically fit and would benefit by participation in this program.

**4) Medical Release** – Because your child is involved in an active sport, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur at team functions, practices or at games both home and away (possibly out of state).

Guardian First Name \_\_\_\_\_ Guardian Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Grade / School \_\_\_\_\_

Weight \_\_\_\_\_

If the parent or legal guardian cannot be reached, please call.

Contact Name \_\_\_\_\_ Contact Telephone \_\_\_\_\_

Contact Relationship (someone other then a parent) \_\_\_\_\_

I hereby grant permission to the association to administer first aid, secure proper treatment and / or hospitalize my son / daughter / ward in case of an emergency.

Signature or Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_