

TONKAWA YOUTH SPORTS

FOOTBALL SIGN UP

PARTICIPANT INFORMATION:

Child's Name: _____

DOB: _____ Age _____ Grade _____

Medical Conditions/Allergies _____ Treatment _____

PARENT INFORMATION:

Parent Names: _____

Address: _____

Medical Insurance: _____ Policy# _____

Phone: Text or Call(circle preferred) _____ E-Mail _____

Interested in Coaching? Head Coach: _____ Assistant Coach: _____

If we cannot reach the above number(s) in an emergency, we will contact the people below in order of appearance:

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

LIABILITY WAIVER:

I, _____ the parent/legal guardian of _____, do hereby release Tonkawa Chamber of Commerce and Tonkawa Youth Sports, its coaches and board members, and Tonkawa Public Schools and its employees that be associated with Tonkawa Youth Sports, from any and all liability, related to any incident or injury that may occur as a result of my child's participation in the Tonkawa Youth Sports. I further agree to do pursue any legal action against the above names entities, nor its board members, coaches and employees, and I agree to provide proper insurance for my child.

Signature of Parent/Legal Guardian: _____ Date: _____

DISCLAIMER:

I have read and agree to the disclaimer given to me to read.
Acknowledged by checking this box.

FEES: Entry fee \$30 per child

****Kids are responsible for their own equipment****

Paid: _____ Cash

_____ Check#

DATE: _____

Personel receiving funds (initial) _____