

# TACKLE FOOTBALL REGISTRATION

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Grade in School: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Approx. weight: \_\_\_\_\_

(Going into in the fall of 2020)

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Ph. # \_\_\_\_\_ Work Ph. # \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Ph. # \_\_\_\_\_

Are you willing to coach? Yes \_\_\_\_\_ No \_\_\_\_\_

## Permission / Waiver

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(Please print Parent / Guardian Name) (Please print Childs Name)

do hereby give permission and consent for my child to participate in the Shenandoah Parks and Rec. tackle football program. In giving my consent, I certify that my child is physically and otherwise capable of participating in this activity. I hereby agree to indemnify and hold the Shenandoah Parks and Recreation, parents, or any volunteers, directors, employees, agents, officials, coaches, successors, or assigns thereof, from any and all liability for injuries or damages, direct or indirect, which may be suffered by or caused by my child, to person or property, associated directly or indirectly with my child's participation in this football program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- **No child will be able to participate until paid in full. Payments can be made.**

## Office use only.

Childs weight at weigh in: \_\_\_\_\_ Date: \_\_\_\_\_

Cost: \$100, Amount paid: \_\_\_\_\_

Balance: \_\_\_\_\_

**Payments can be made to help offset the initial cost.**