

North Hall Junior Football Association, Inc.

Fall Football Registration Form

Financial Responsibility & Parental/Participant Consent

Name of Player: _____
Last First M.I.

Street Address: _____
(Mailing / 911 Address – no PO box)

City

Zip

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

E-mail: _____

Birth Date: _____ **Age as of 8/01/09:** _____ **Height:** _____ **Weight:** _____

School player will attend this fall: _____
 (*If not a public school, please list the public school attendance zone in which you live)

***Players must obtain a waiver to play for any school other than the zone in which they live.**

Parent/Guardian Name(s): _____

Emergency Contact (other than parent): _____
Name Relationship Phone

1. I/We have read, understand and agree as parent/guardian of the below named child to abide by the role of the Parent Code of Conduct and assume the absolute financial obligation for my/our child to participate in this program.
2. The parent/guardian of the below named child is responsible for meeting the financial obligations for participation in the NHJFA football program. I/We acknowledge that the NHJFA reserves the right to deny participation until such financial obligations have been met. I/We acknowledge that in the event my/our check is returned for insufficient funds, payment will be accepted only in the form of cash or money order for the original amount plus any fees imposed on the NHJFA.
3. The parent/guardian of the below named child does hereby give approval for participation in the NHJFA football program for the current season. I/We assume all risks and hazards to this participation for any claims arising out of injury to the below named child including, but not limited to, transportation from such activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless, NHJFA (North Hall Junior Football Association, Inc.), the league, local team, organizers, coaches, supervisors, participants, persons providing transportation and any organization this youth football program may be affiliated with.
4. I/We understand that a player must have a current (dated within the past 365 days and not to expire during this season) physical on file with NHJFA prior to participation and that any player without proof of examination will not be allowed to participate in any way until such proof is provided. I/We understand that it is our responsibility as parent(s)/guardian(s) to accurately complete the NHJFA Medical and Liability Release thereby granting authority to a qualified physician to administer such medical treatment as said physician deems necessary under emergency circumstances.
5. I/We have read and understand fully the provisions of this consent/release authorization and have voluntarily signed it.

Parent/Guardian Signature _____ **Date** _____

For Office Use Only:

Amt Paid: _____ Check # _____ Cash _____

Date Received _____ Rec'd By _____