

DECATUR FOOTBALL LEAGUE
REGISTRATION 2017
5th and 6th grade

NAME: _____ SCHOOL: _____ GRADE: 5 ___ 6 ___

HIGH SCHOOL THAT YOU WILL ATTEND: _____

AGE ON 8/15/17: _____

BIRTH DATE : ___/___/___ CURRENT WEIGHT: _____

NAME(S) OF SIBLING(S) PLAYING THIS YEAR _____

ADDRESS _____ CITY _____ ZIP _____

NAME OF PARENT(S) OR GUARDIAN(S) _____

CONTACT EMAIL: _____ @ _____

PHONE # WHERE PARENTS(S) OR GUARDIAN(S) CAN BE REACHED

Mother cell: _____ Father cell: _____

SPECIAL MEDICAL CONDITIONS? _____

CONSENT:

I/We, the parent or guardian of the above player, do hereby approve of his/her participation in the Decatur Football League for the 2017 season, and assume all risks and hazards incidental to the conduct of these activities. I hereby release, absolve and hold harmless the Decatur Football League, its members, coaches, officers, officials and sponsors for their participation and administration of league activities.

In the event of injury, I/We authorize league officials and coaches to secure first aid for my child, or to take my child to a physician or hospital to secure treatment. I/We assume all financial obligations for medical or hospital services rendered to my child as a result of said participation in the DFL. I/We assume full responsibility for all equipment issued to my child and agree to return it in a timely manner after the completion of the season and in good condition, subject only to normal wear and tear.

\$25,000 secondary medical coverage is provided for each player. The insurance fee is included in the registration cost.

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... or ...

 Father's Signature (or guardian)

 Mother's Signature (or guardian)

Registration Day Info:

- Saturday July 29th from 7-11AM ; Registration and equipment pick-up.
- Wednesday August 2nd 5-7PM; Registration and equipment pick-up.

Place: Belmont High School Baseball Field.

Cost: Registration fee is \$40

Note:

A parent / guardian must sign the registration form.

A 2017 Physical is required prior to league participation.