

LANDMARK YOUTH FOOTBALL ASSOCIATION

PLAYER INFORMATION

PLAYERS NAME (as on Birth Certificate): _____	
NAME PLAYER USES (if different from above): _____	
ADDRESS: _____	
CITY, STATE, ZIP: _____	
HOME PHONE: _____	
CAMPUS ATTENDING IN FALL: _____	
GRADE IN FALL: _____	
BIRTH DATE: _____	AGE (as of 8/1/2008): _____

MEDICAL INFORMATION

INSURANCE COMPANY: _____
POLICY #: _____
PHYSICIAN'S NAME: _____
PHYSICIAN'S PHONE: _____
ALLERGIES ? _____
PLAYER IMMUNIZED? _____

PARENTAL INFORMATION

FATHER'S NAME: _____
FATHER'S CELL PHONE: _____
FATHER'S E-MAIL ADDRESS (if you check it regularly): _____

MOTHER'S NAME: _____
MOTHER'S CELL PHONE: _____
MOTHER'S E-MAIL ADDRESS (if you check it regularly): _____

(League Use Only)
FOOTBALL: _____
CHEERLEADING: _____
CAMP: _____
COACH: _____
OTHER: _____
CHECK #: _____
AMOUNT DUE: _____

Which of the following would you be willing to volunteer to do for your child's team:				
<input type="checkbox"/> Coach	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Concession	<input type="checkbox"/> Game Announcer	<input type="checkbox"/> Chain Crew

RELEASE AND WAIVER OF LIABILITY JUNE 1, 2008 – DEC. 31, 2008

The undersigned hereby acknowledges a desire for member(s) of the family to participate in recreational programs of the Landmark Youth Football Program. The undersigned further acknowledges that such participation, including travel to and from events, involves an inherent risk of physical and mental injury, but acknowledges that participation is voluntary and agrees to assume any and all risk.

The undersigned further acknowledges and agrees that the Landmark Football Program, its members, officers and agents, the employees and agents assume no responsibility for personal injuries and/or property damage which might be suffered by the family member(s) during any and all participation and do hereby expressly release Landmark Christian School, its members, officers and agents, employees and agents, from any and all liability relating to any such injuries and/or damage.

By signing this release, the parent/adult participant(s) consents to such participation by the minor(s) and/or adult(s) and also verifies that the participant has:
 Sufficient medical insurance in effect during the period of June 1, 2008-Dec. 31, 2008

The undersigned further gives consent for emergency medical treatment of minor in a licensed hospital or medical center by a licensed Georgia physician should his/her condition require it in the absence of the undersigned. As long as the medical or surgical treatment necessary is in accordance with generally accepted standards of medical practice, the undersigned imposes no specific limitations or prohibitions regarding treatment.

The undersigned further acknowledges that he/she will read the Landmark Football Parents Handbook received this day of registration and agrees to adhere to all rules and regulations governing the program, as set forth in the handbook and the Parents' Code of Ethics.

Parent / Guardian Signature _____
Date

League Use Only:
Weight:
Helmet:
Shoulder pads:
Pant Size :