

Sleepy Eye United Elementary Football

Participant Registration Form

Participant's Name _____ Grade _____

Address _____ School _____

Parent/Legal Guardian's Name(s) _____

Phone Number _____ Email address _____

T- shirt Size (circle one): Adult Small Adult Medium Adult Large Adult XL
 Youth Small Youth Medium Youth Large Youth XL

In Case of Emergency

Contact #1 _____ Contact #2 _____

Name _____ Name _____

Phone Number _____ Phone Number _____

Participant's Medical Conditions (physical and/or mental)

WAIVER OF LIABILITY RELEASE FORM

I, the parent/legal guardian of the above-named participant, hereby give my permission for him/her to participate in any and all football related activities. I am aware that football could result in some contact and requires strenuous, physical activities. I assume all risks of hazards incidental to such activities. I hereby WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS the Sleepy Eye Community Education, Sleepy Eye Public School, Sleepy Eye Saint Mary's Catholic School, Sleepy Eye United Elementary Football, it's respective organizers, sponsors, coaches, coordinators, representatives, volunteers, and supervisors, from any and all claims arising out of his/her participation in or being transported to or from the same, whether the result of negligence, or any other cause.

Parent/Guardian Signature _____ Date _____

For Office Use Only: Amount paid: _____ Check No. _____ Cash _____
Helmet _____ Shoulder Pads _____ Pants _____ Practice # _____ Jersey # _____