

# LIABILITY RELEASE

## TERMS AND CONDITIONS

### PLEASE READ CAREFULLY:

#### 1. Health and Safety:

Our youth sports league strongly recommends that each player have medical approval. The League must be informed of any medical condition which may require special treatment or attention. No parent or guardian will register any child whose physical capabilities or general health prevent participation in, or may be impaired any, involvement in the league.

#### 2. Equipment:

Players shall provide their own shoes and athletic supporter. The league will provide complete uniform and one set of equipment with a deposit of \$200.00 which will be refunded when equipment is returned to the Midland Empire Football. Abuse of equipment or uniforms by players may result in suspension or dismissal from the program and/or forfeiture of deposit.

**All equipment must be turned in clean.**

#### 3. Participation Fee:

Each player must pay a participation fee of \$100.00. This is the league's main source of funds in order to purchase equipment, pay game officials, and purchase new jerseys and pants.

#### 4. Privacy:

All information given will be for league use only.

#### 5. *NOTE: The submission of false information will result in dismissal from the league without refund.*

#### 6. Release:

I, the parent or legal guardian of the candidate for a position on a league team, agrees to the terms and conditions of this Liability Release Form. I hereby give my approval to participate in all our youth league activities. I waive, release, absolve, indemnity, and agree to hold harmless Midland Empire Football, its league officers, director, property owner, coordinators, sponsors, and coaching staff for any claim arising out of an injury to my child, except to the extent and in the amount covered by accident or liability insurance.

Signature of Parent or Legal Guardian: (X) \_\_\_\_\_

# MIDLAND EMPIRE YOUTH FOOTBALL REGISTRATION FORM

Players Name: \_\_\_\_\_

Address (including zip code): \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School Attending Fall 2009: \_\_\_\_\_ Grade: \_\_\_\_\_

**Both Parents or Guardian Data:**

Name: \_\_\_\_\_ Mother or Spouse: \_\_\_\_\_

Check if same as player

Address (including zip code): \_\_\_\_\_

Phone: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read back carefully and then complete the next item.**

*Declaration: I have fully read and agree to the terms and conditions of the liability release form ON the backside of this registration form.*

**Signature of Parent or Legal Guardian (X):** \_\_\_\_\_

### TO BE FILLED OUT BY LEAGUE

WEIGHT _____		LEAGUE STAMP
DEPOSIT <input type="checkbox"/> PAID (ATTACHED) <input type="checkbox"/> REFUNDED DATE _____	<b>EQUIPMENT</b> Practice Pants/ Pads Helmet/ Shoulder Pads	<b>SIZE</b>   <b>ISSUE BY</b> LEAGUE STAMP LEAGUE STAMP LEAGUE STAMP
BIRTH CERTIFICATE <input type="checkbox"/> ATTACHED <input type="checkbox"/> IN FILE	Game Pants Jersey Girdle	LEAGUE STAMP LEAGUE STAMP
PLAYER FEE <input type="checkbox"/> PAID CK # _____ by _____ date _____  <input type="checkbox"/> HARDSHIP – LEAGUE APPROVAL _____		