

# Wylie Football League Football Contract

## FOR LEAGUE USE ONLY

REGISTRATION # \_\_\_\_\_ DATE \_\_\_\_\_

LEAGUE \_\_\_\_\_ AMOUNT \_\_\_\_\_

PLAYING WEIGHT \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_

JERSEY SIZE \_\_\_\_\_ JERSEY # \_\_\_\_\_

PLAYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

EXPERIENCE YES \_\_\_\_\_ NO \_\_\_\_\_ # OF YEARS \_\_\_\_\_

POSITION PLAYED \_\_\_\_\_

LAST COACH PLAYED FOR \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

CELL/PAGER # \_\_\_\_\_ WORK # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

**\*\*\*\*\* INACCURATE INFORMATION CAN LEAD TO INELIGIBILITY \*\*\*\*\***

I hereby certify that all the information about the above child is accurate. I am the parent/legal guardian for the above named child. I authorize this child to participate in all Wylie Youth Football activities, out of town, or in the city of Wylie. I hereby relieve and release Wylie Youth Football, coaches, directors, board members and the city of Wylie and all it's employees and any persons assisting with any phase of such out of town activities, or in the city of Wylie from any and all liability and responsibilities. I hereby release all of said parties from all liability by reason of any accident or injury suffered by said child while on said out of town activities or activities in the city of Wylie. I agree to indemnify and hold all said parties harmless from all claims hereafter made or asserted on behalf of said child. I hereby authorize the coach, or manager of the team to obtain such medical attention as may be needed in an emergency. I also acknowledge that there is an assumption possibility of risk whenever a child/student participates in football. I agree to pay all medical and hospital charges for my child's treatment in case of accident or injury. I certify that my child is physically fit to participate in Wylie Youth Football program and I know of no physical impairments, which would in any matter limit his or her participation.

PARENT/GUARDIAN

SIGNATURE

DATE