

NORTHERN CONNECTICUT FOOTBALL LEAGUE

Registration/Participant/Parental Waiver Form

Football Player *Cheerleader*

ATHLETE'S NAME:	TEAM: A B C D
ATHLETE'S NICKNAME:	
ATHLETE'S HOME PHONE NUMBER:	
BIRTHDATE:	LEAGUE AGE as of JULY 1st:
	GRADE AS OF 9/1:
<small>*D Squad Players and Cheerleaders may turn 6 by September 1st of the current season</small>	
ATHLETE'S ADDRESS:	
CITY/TOWN:	ZIP:
MOTHER'S NAME:	Mother's Work Phone:
MOTHER'S EMAIL:	Mother's Cell Phone:
MOTHER'S ADDRESS:	
<small>If different from the Athlete's Address</small>	
CITY/TOWN:	ZIP:
FATHER'S NAME:	Father's Work Phone:
FATHER'S EMAIL:	Father's Cell Phone:
FATHER'S ADDRESS:	
<small>If different from the Athlete's Address</small>	
CITY/TOWN:	ZIP:

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP: _____
 PHONE: (H) _____ (W) _____ (CELL) _____

I authorize the town LEAGUE ADMINISTRATOR'S, FIRST AIDERS/COACH or EMT to act for me according to their best judgment in an emergency requiring medical attention.

HOSPITAL PREFERENCE: _____ I/We, the undersigned, parent(s) of the above child hereby consent and give my/our approval to his/her full participation in any and all **Northern Connecticut Football League (NCFL)** activities. I/We hereby assume all risks and hazards incidental to such participation including transportation to and from such activities and health care providers. I/We hereby waive, release, absolve and agree to indemnify and hold NCFL, all its officers, participants, members and any organization, person and/or municipality or other governmental body sponsoring any team in or other activity of the NCFL harmless from any and all claims by an injury to the above named participant arising out of participation in such activities including transportation to and from such activities and health care providers.

Athlete's Medical Insurance:

Carrier:
Group:
Policy #:
Group #:

Media Waiver:

I/We hereby grant the NCFL unrestricted permission to use, and/or publish in its own or in external publications in print or on line, photographs, pictures, film, video or other similar media (collectively, "Photographs") taken of the above child in whole or in part, individually or as part of a group for any purpose whatsoever; including, but not limited to, illustration, promotion, art, editorial and advertising. I/We also grant the League (which includes all member organizations of the league) permission to release any associated explanatory and identification information associated with the Photographs, including: full name (as listed above), jersey number, age group and identification of the child as the League's Football player or Cheerleader.

I/We hereby release and discharge the League and its officers, agents and assigns from any and all claims and demands arising out of or connection with the use of any media and associated explanatory information, including without limitation, any and all claims for libel or violation of any right of publicity or privacy. I/We understand we will not be compensated for such materials and waive any right to edit, inspect or approve the finished product which includes any media and associated explanatory information. This release shall be binding on me and my heirs, legal representatives and assigns and shall inure to the benefit of the League, its officers, agents and assigns.

Participant Understanding or Risk:

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Participant's Name: (please print): _____

Signature of the Participant _____ **Date** _____

Both Parents/Guardians need to sign if applicable. By signing below you agree to all the information stated above:

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

BIRTH CERT _____	MEDICAL _____	REGISTRATION _____	PARENT _____	PLAYER _____
PAID CASH _____	CHECK _____	CHECK# _____		