



5/6 YOUTH FOOTBALL

Name: _____
Age & Grade _____
Address: _____
Head Measurement: _____
Waist Measurement: _____
Male: _____ Female: _____ Weight: _____
Fee: \$45.00 Check . _____ Cash: _____

*Checks payable to GRD
*Fill out measurements and weight at home
*This is a NO CLEAT LEAGUE

AUTHORIZATION FOR MEDICAL TREATMENT

As parent(s) or legal guardian(s) of the above named child, I/we give consent for said child to participate in the Glasgow Rec. Dept. Youth Football Program I/we also give consent, in the event reasonable attempts to contact me/us at the phone numbers listed below are unsuccessful, for:

- The administration of any treatment deemed necessary by a licensed medical doctor or dentist, and
The transfer of said child to the Frances Mahon Deaconess Hospital or other hospital deemed necessary by the physician, and
The Glasgow Rec. Dept. Youth Football League, its coaches, agents and representatives, to transport said child to and from the physician, dentist or hospital for treatment.

List child's allergies, chronic illnesses or any other pertinent medical conditions:

Name of family Physician: _____
Name of family Dentist: _____

Waiver

I understand that my participation in all Glasgow Rec. Dept. Youth Football League activities presents risks and dangers which may include serious and permanent bodily injury or death. I, the parent/guardian, hereby release, hold harmless, discharge and agree not to sue Glasgow Rec. Dept. Youth Football League, its Directors, Officers, Employees, Coaches, Officials, Owners, Leasers or Premises for all liability from my participation in these and any other Glasgow Rec. Dept. Youth Football League related travel, social/recreational activities.

Parent or Guardian Name: _____
Date: _____
Address _____
Best phone #'s to call/message _____
e-mail address _____

Signature _____

-----KEEP BOTTOM FOR YOUR INFO-----

*Equipment checkout will be **September 3rd** at the GRD from 5-7pm. First practice **September 10th at 5:30** at Bundy Park. If your child's equipment does not fit alternative equipment will be available at the first practice.

*Please return this form to the Glasgow Recreation Center by September 3rd.

*There will be a grades 3-4 group as well as a grades 5-6 group. In the past there has been four teams per group but will depend on the number of participants. Once registration and rosters have been completed there will be an equipment checkout followed by practices then games. Any questions contact GRD 228-8341.