

PLAYER REGISTRATION

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Birthdate _____ Age _____ Gender _____ Grade _____

Church (if you attend any, which one?) _____ School _____

E-Mail Address _____

Shirt size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Pant size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

PARENT/GUARDIAN INFORMATION:

Father/Guardian: Last Name _____ First Name _____

Relationship: _____ Hm /Cell Phone# _____

Employer _____ Wk Phone# _____

I can do one of the following: Coach Assistant Coach Referee Team Parent

Mother/Guardian: Last Name _____ First Name _____

Relationship: _____ Hm/Cell Phone# _____

Employer _____ Wk Phone# _____

I can do one of the following: Coach Assistant Coach Referee Team Parent

PLEASE READ CAREFULLY - RELEASE MUST BE SIGNED:

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes No If Yes, please state problems: _____

If you wish to have your family doctor contacted in case of an emergency:

Doctor's Name: _____ Phone Number: _____

EMERGENCY AUTHORIZATION:

I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In the case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached please contact:

Full Name: _____ Phone Number _____

Address: _____

WAIVER OF LIABILITY AND DISCLAIMER:

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the R.O.M. program is primarily administered by parents who volunteer their time rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless the FBCIR ROM league, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in the sport league sponsored events, including any physical injury caused by the negligence of any official, referee or coach while performing his/her duties during any practices or games.

Paid by cash [] or check []

Amount Pd _____

Signature of Parent or Guardian _____

Date _____