

FOREST CITY THUNDERBIRDS FOOTBALL CLUB



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REGISTRATION FORM

DIVISION (check one): **Peewee** **Bantam** **Junior Varsity** **Varsity**

Player's Name: _____ **Date of Birth:** _____ (D/M/Y)

Address: _____ **City:** _____

Postal Code: _____ **Phone:** (____) _____ **Cell:** (____) _____

Email: _____

Emergency Contact: _____ **Emergency Phone:** (____) _____

Health Card Number: _____

Waiver:

I am aware and appreciate that tackle football is a full contact athletic activity and that the risk of physical injury, be it minor or catastrophic is always present. I freely and voluntarily acknowledge and fully assume all responsibility for these risks. I agree to waive all claims that I have or may have in the future against the Forest City Thunderbirds Football Club and its members, representatives and agents.

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless the Forest City Thunderbirds Football Club, its members, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of, or in connection with my taking part in the activities of the Forest City Thunderbirds Football Club and not withstanding that the same may have been contributed to or occasioned by the negligence of the Forest City Thunderbirds Football Club and its membership representatives or agents.

I confirm that I have had sufficient time to read and understand this waiver, and have agreed to the terms freely and voluntarily. I understand that this waiver is binding on me and my Legal Representatives.

Signed this _____ day of _____ 20_____

Parent / Guardian Name (Please print)

Parent or Guardian Signature
(If player is under 18 years of age)

Player's Signature