

STUDENT PARTICIPATION FORM FOR FOOTBALL

NAME: _____ GRADE: _____ BIRTH DATE: _____

This application to compete in City of Tecumseh Youth Football is entirely voluntary on my and my parents/guardians part and is made with the understanding that we will not violate any of the Youth Football League and Team rules.

STUDENT SIGNATURE: _____ DATE: _____

PARENT APPROVAL AND RELEASE FORM

I hereby give my consent for the above named athlete to participate in the City of Tecumseh Youth Football. I realize that such activity involves the potential for injury which is inherent in all activities. I acknowledge that even with the best coaching, use of the football protective gear, and observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

I authorize the City of Tecumseh Youth Football, through a physician of its choice, to provide emergency medical care that may become reasonable necessary for the athlete in the course of such activity. I agree not to hold the City of Tecumseh Youth Football, the coaches, the Youth Football League, or anyone acting on their behalf, responsible for any injury occurring to the above named athlete in the course of such activity.

I have read the rules of the Youth Football League and the City of Tecumseh Youth Football, and will assist my son in complying with both and will cooperate with the Coaches in their enforcement.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE PARENT APPROVAL AND RELEASE FORM.

Parents/Guardians Signatures: _____

Date: _____

Address: _____ Phone _____

INSURANCE COVERAGE

It is required that all participating in City of Tecumseh Youth Football be covered by health and accident insurance. Many policies do not cover some athletic activities (football). Please check your policy to be sure it provides coverage.

YOU MUST HAVE INSURANCE COVERAGE TO PLAY!

Policy Holder Name: _____

Policy #: _____