

TOWN OF KINGSTREE PARKS AND RECREATION
Football 2019

Child's Name: _____

Child's Age (as of Sept. 1, 2019): _____ Weight _____

Birth date: _____ Shirt Size (Circle): YS YM YL AS AM AL AXL

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ Work) _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

I hereby grant permission for my child to take part in programs sponsored by Town of Kingstree Parks and Recreation Department. I authorize such physician or medical staff as the Town of Kingstree Parks and Recreation Department may designate to carry out any minor treatment and/or medical staff to provide any treatment deemed necessary for the well being of my child. I understand that participation in football carries inherent risks including, but not limited to: broken bones, head injuries, back injuries, neck injuries, sprains, strains, heat related injuries, and death. Understanding the risks, I agree to release, indemnify, and hold harmless the Town of Kingstree, its employees, agents, and volunteers in the event my child suffers any loss or injury as a result of participating in the Football program.

(Initial) _____

The Town of Kingstree will provide a helmet, shoulder pads, and uniform top for use during the season. Helmets and shoulder pads will be returned in good condition at the conclusion of the season. Parents are responsible for providing a mouth guard, pants, and leg pads. These items will be required for participation in all practices and games.

By signing below, I acknowledge that I have read this form completely and agree to the items listed above.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian