



2011 SALVATION ARMY FOOTBALL

PLAYER REGISTRATION

MEDICAL AUTHORIZATION & LIABILITY RELEASE

Player's Name: _____

Player's Address: _____

Player's Phone: _____

Did you play SAF in 2010? _____ What team? _____

Birth Date: _____ Grade in 2011 - 2012: 4th 5th 6th 7th (please circle one)

Attending what school: _____

Father's Name: _____

Father's Address: _____ Father's Phone: _____

Mother's Name: _____

Mother's Address: _____ Mother's Phone: _____

Would you be willing to be a: Team Commissioner _____

Medical Authorization and Release of Liability by Parent / Guardian

I, parent or guardian of the above named player in the Salvation Army football program, acknowledge that football is a contact/collision sport with the potential for injury and that officials of the Salvation Army football program have made me aware of these possibilities. I hereby authorize the coach, commissioner or business manager of the team to obtain medical care from any licensed physician, hospital or medical clinic for the player named herein whenever either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all Salvation Army football activities, including any period required to travel to or from these activities. On behalf of the above named player and myself, I hereby release, discharge, indemnify and agree to hold harmless the Salvation Army, organizers, supervisors, participants and persons transporting the player to and from those activities from any claim for injury, loss or damage arising out of the participation in or otherwise related to the Salvation Army football program, including any related transportation or medical care.

HEALTH INSURANCE INFORMATION

INSURANCE COMPANY _____ POLICY OR CERTIFICATE # _____

YOU MUST SIGN THIS FORM AND COMPLETE THE INSURANCE INFORMATION BEFORE YOUR CHILD WILL BE ALLOWED TO PARTICIAPTE (No refunds will be issued once practice begins—NO EXCEPTIONS)

X _____
(Parent or Guardian Signature)

X Date Signed: _____

If not turned in at
Registration mail to:

Salvation Army Football
P.O. Box 1945, Salina, KS 67402-1945

Subscribed and sworn before me on

State of Kansas
County of _____
Notary Public State of Kansas At Large

SEAL

***** OFFICIAL USE ONLY *****

Copy of Ins. Card _____

Physical _____ Birth Cert. _____ Amount Paid \$ _____ Ck _____ Cash _____ PP _____ Sch. _____ No. _____