

PRO PLAYER HENRY BRYANT YOUTH FLAG FOOTBALL LEAGUE

Youth Flag Football League 2009 Registration Form for Kids Ages 6-14

Participant's information:

Child's Name: _____
Age: _____ Male Female
School: _____ Grade: _____
School Address: _____ District: _____
Mailing Address: _____ Zip Code: _____
Home Phone: _____
T-Shirt size: (Youth Sizes) S M L XL (Adult Sizes) S M L XL

Parent/Guardian Info:

Parent/Guardian Name: _____
Phone: _____ Cell: _____
Email: _____
Parent/Guardian Name: _____
Phone: _____ Cell: _____
Email: _____

Emergency and Medical Information:

Emergency Contact (other than household): _____
Phone: _____

Physician: _____
Telephone: _____
Allergies: _____
Medications: _____
Medical Problems: _____
Comments: _____

All games will be held at Album Park located at 2655 N Yarbrough Dr. El Paso, TX. 79925 starting on June 6, 2009. The registration fee is \$75.00 per child. Please send registration fee and form to mailing address below. Payment can be made at first game under special circumstances. Please call for more information or visit www.hbryantfoundation.com. Make check/money order payable to The Henry Bryant Foundation.

SPACES ARE LIMITED SO PLEASE SUBMIT FORM AS SOON AS POSSIBLE VIA FAX, EMAIL OR BY MAIL.

Mailing Address:

The Henry Bryant Foundation
9284 Morelia Rd. El Paso, TX 79907
PHONE: (915) 309-4463 or (561) 703-9407 FAX: (575) 523-7797
EMAIL: HENRY_BRYANT2000@YAHOO.COM

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Release Form

I/We have agreed to assume the risks of participation and release and indemnify HBYFFL and others as set out below. I/We have further given the instruction and authorized immediate medical attention. I/We have further completed the emergency and medical information.

Signature of Parent/Guardian: _____

Date: _____

Printed Name: _____

I am willing to volunteer as:

Coach Assistant coach Referee General volunteer

I. ASSUMPTION OF RISKS

Injuries to participants in the Youth Flag Football League may occur from risks inherent in the Sports or activity; from placing stress on the body that has not been prepared for; from accidents in learning or practicing playing techniques; from failing to follow game, training, safety or other team rules; from the use of transportation to and from games and other events (parents are responsible for their child's transportation); and from administration of first aid. Injury can include direct physical, and possibly crippling, injury to one's body, and emotional injury experienced as a result of inflicting injury to another or witnessing it. The severity of injury can range from minor cuts, scrapes, or muscle strain to catastrophic injury, such as paralysis or even death.

In consideration of the Henry Bryant Youth Flag Football Association permitting my child toward participating in its Youth Flag Football Program, I hereby agree on behalf of my child that he or she will assume the risk of injury or death from participating as outlined above or otherwise. I release and indemnify the HBYFFL Flag Football Association officers, employees, instructors, members, officials, agents, volunteers, users, sponsors, advertisers, affiliates, and the property owners of HBYFFL the real property upon which the activities take place from any claim arising from injury or loss suffered by my child whether as a result of negligence or any other cause and waive any and all rights to any legal action against the HBYFFL and the other individuals or entities identified above. This assumption of risk and release binds by child's heirs, estate, executor or administrator, and assigns all members of my family.

II. INSTRUCTION

I have told my child to obey all directions of the instructors and personnel in charge of the sport or activity and their assistants; to comply with all safety instructions; and to refrain from horseplay and other unsafe practices.

III. MEDICAL AUTHORIZATION

In the case of an accident or illness, I authorize the HBYFFL to provide medical treatment for my child if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that CIFFA, and volunteers assume no financial obligations or liability for the medical treatment that they provide or cause to be provided to or for my child.