



STATION CAMP

2011 Registration Form
Full Contact Football / Cheerleading



Football: _____ Cheerleading: _____ Male / Female: _____

Name First: _____ M.I. _____ Last: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age on July 31, 2011: _____ School: _____ Grade: _____

List best Contact Numbers Phone: 1. _____ 2. _____

Please list an E-mail addresses for team information to be sent to you throughout the year

E-Mail Addresses _____

(Optional)

List any mental or physical conditions that our coaches or instructors may need to ensure the safety of the participant:

Alternate Phone Numbers in Case of Emergency _____

Refund Policy

Upon completing this registration form, preparations will immediately begin for your child to participate in our youth football program. We realize that unforeseen circumstances may arise that could hinder your child's participation with our organization, so our refund policy of sign-up fees are as stated. There will be 100% of the sign-up fee refunded until May 1st, 50% refunded after May 1st until June 1st, and there will be no refunds of any kind after June 1st. There is a great amount of work, preparation, and expense in the onset of the football season, so please, if there is a conflict, inform our organization as soon as possible so the appropriate refund may be distributed back to you! There are absolutely no refund's on cheeleading uniform fees! Also, make sure you are familiar with our equipment rental policies. All equipment is due the day of or before the last game! There are no refunds on any fee's carried over from previous years.

Media Release:

By completing and signing this form, I give Select Sports, or any appointed representative thereof, permission to use this participants name and/or photograph as part of any information released to and/or used in, but not limited to, newspapers, radio, television, flyers, and/or websites.

Parental or Legal Guardian Authorization

FULL AND COMPLETE RELEASE OF ALL LIABILITY COVENANT NOT TO SUE AND INDEMNIFICATION

By completing and signing this form, I/We, the parents/legal guardians of this child, do hereby give our authorization and consent to allow this child to participate in any and all league activities during the current and following seasons. We acknowledge that the activities that our child will be involved in may be dangerous in nature and we full well know and understand those dangers that our child will be exposed to. We further understand that he/she may receive severe or serious injuries as a result of his/her participating in said activities. I/We do hereby voluntary assume each, every, and all risks and/or hazards for our child and ourselves and for all others on his or her and/or on our behalf for all of our child's and/or activities and participation in each and every activity associated therewith, including but not limited to playing said sport, cheerleading, and transportation to and from all activities, including furnishing said child or us medical attention of any nature, and convenient that we will not bring any actions at law, equity, or otherwise in this regard. I/We do hereby WAIVE, RELEASE, ABSOLVE, AND AGREE TO INDEMNIFY, PAY, AND HOLD SAFE AND HARMLESS, said football program, it's entire organization, the Middle TN Junior Pro Association, Sumner County Government, Station Camp High School, the STATION CAMP BISON, Select Sports, their coaches, participants, Board of Directors, all officers, all assistants, persons, and/or organizations or persons that transport the participants for any propose for and from all claims, injuries, damages of both a compensatory and punitive nature and for any other claims and/or damages which might arise out of and/or due to our child's participation in said activities, of ANY NATURE WHATSOEVER. I also grant permission to managing personnel, coaches, assistants, and/or other league representatives to authorize and obtain medical care from any licensed physician, hospital, , and/or medical clinic should our child become ill or injured. I/We do hereby grant authorization for emergency treatment. I/We further assume any and all liability for said treatment and any damages that may come therefore, and agree to immediately pay for all medical treatment for our child. I/We acknowledge that we have fully read this release and completely understand the contents of the same.

Date _____

Signature of Parent or Legal Guardian _____