

SAINT FRANCIS XAVIER ORIOLES FOOTBALL  
Registration Form

**PLAYERS/FAMILY INFORMATION**

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: \_\_\_\_\_ Age \_\_\_\_\_ Grade in School 4 5 6 7 8  
E-Mail: \_\_\_\_\_  
FATHER/STEPFATHER/GUARDIAN MOTHER/STEPMOTHER/GUARDIAN  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

DATE OF HEALTH CARD: \_\_\_\_\_ YEAR OF PHYSICAL: \_\_\_\_\_ ALTERNATE YEAR: \_\_\_\_\_  
T-SHIRT SIZE (For player): \_\_\_\_\_ (Adult sizes) Registration Fee \$ \_\_\_\_\_  
Raffle \$ \_\_\_\_\_  
Ticket #'s \_\_\_\_\_

**STATEMENT OF UNDERSTANDING**

Please initial:

I hereby give my permission for my child to participate in any and all activities of the Saint Francis Xavier Orioles Tackle Football Program. \_\_\_\_\_

I understand that the nature of the game of football involves risk and possible injury due to the collisions and contact involved. \_\_\_\_\_

I understand that the Orioles football organization does not carry or offer any type of insurance for the benefit of any player injured during football participation, and assumes no responsibility or liability for any medical expense incurred. \_\_\_\_\_

I understand that each player must have a current and valid medical examination on file before being allowed to participate in practices and games. \_\_\_\_\_

**WAIVER OF PLAYER LIABILITY AND APPOINTMENT OF AGENT**

I hereby waive, release, absolve, indemnify, and agree to hold harmless the Saint Francis Orioles Football Program, coaches, agents, and persons transporting my child to or from football activities or for any claim arising out of an injury incurred while participating in football activities. \_\_\_\_\_

I hereby appoint the coaching staff as my agent and representative for the purpose of authorizing medical treatment and/or hospital care of my child for any illness or injury that may occur while under the supervision of the coach while I am away, on vacation, or otherwise not available to provide such consent. \_\_\_\_\_