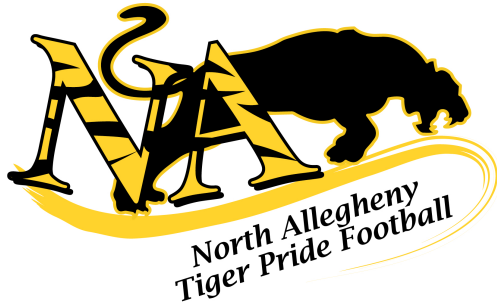


# NORTH ALLEGHENY FOOTBALL CLUB

## Football Registration Form



Last Name

First Name

Home Phone

Date of Birth

**Age on July 31, 2009**

**Current Weight**

Tshirt/Sweatshirt Size

Home Address 1

Home Address 2

City

State

Zip Code

Father's Name

Email

Work Phone

Cell Phone

Mother's Name

Email

Work Phone

Cell Phone

Name of coach you played for last year

**Parent:** Are you interested in coaching football?

### MEDICAL AUTHORIZATION:

Does this player have any medical history or problems with which the organization should be familiar (i.e., allergies, diabetes, medications, serum sensitivities, etc.)?

### TO WHOM IT MAY CONCERN:

If neither of the parents/guardian can be contacted in case of serious injury or illness, I, \_\_\_\_\_, hereby authorize representatives of the North Allegheny Tiger Pride Football Club to act as my agent to secure emergency medical treatment for \_\_\_\_\_, a minor child for whom I am

responsible, at the nearest hospital when in the opinion of such representatives, medical treatment is deemed appropriate during the time when my child is engaged in an organization activity. I hereby agree to hold the N.A. Tiger Pride Organization and it's representatives harmless for exercising its judgement in authorizing such emergency treatment. Representatives are specifically authorized to sign any required medical emergency hospital treatment forms on my behalf.

Signature of Parent/Guardian

Date

I acknowledge that the submittal of the name above is an authorized signature and considered an electronic acceptance of this agreement.

**BY THE SIGNATURE BELOW, I (WE):**

1. Give approval for the above named to participate in any and all activities of the organization and in any leagues they may participate in during the current season.
2. Assume all risks and hazards incidental to the conduct of the activities and transportation to and from all activities or practice.
3. Agree to release, absolve, indemnify, and hold harmless the North Allegheny Tiger Pride Football Club, its officers, directors, coaches, and supervisors in case of injury to our child during these activities and when being transported to or from these activities.
4. Agree to insure that any equipment loaned to our child is returned in the same condition at the end of the season.
5. Understand that no refunds will be given after the first week of practice.
6. Declare my child resides within the North Allegheny School District.
7. Agree that all information furnished above is true and correct and, under the discretion of the NA Tiger Pride Board of Directors, may be used in all club publications.

Signature of Parent/Guardian

Date

I acknowledge that the submittal of the name above is an authorized signature and considered an electronic acceptance of this agreement.

**CLUB USE ONLY:**

Birth Certificate: \_\_\_\_\_

Uniform Deposit: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

