

2009-2010 Season

Central Virginia Homeschool Athletics

Football Registration

Player's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Age at beginning of season: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_ (Adult Sm, Med, Lg, XLg) Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone(s): \_\_\_\_\_

E-mail: (parents' and player's) \_\_\_\_\_

Release from liability

I give my child \_\_\_\_\_ (print name) permission to participate in CVHAA Football activities for the 2009 season. I understand that participation in any athletic activity requires the acceptance of the possible risk of injury. I agree to release and hold harmless the above named organization and its individual leaders from all liability for mishap or injury of any kind to my/our child while under their care or leadership.

Parent Signature and date \_\_\_\_\_

Medical Permission

In the event of any injury or emergency, if I or my emergency contact cannot be notified, I authorize the individual(s) in charge to obtain medical treatment for my child as deemed necessary by competent medical personnel. Additionally, I understand that I am fully responsible for any and all charges incurred due to such treatment.

Medications taken: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Any other pertinent medical history: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Emergency Contact (other than parent) Name and phone number: \_\_\_\_\_

+++++(Office Use Only)+++++

STC \_\_\_\_\_

T-shirt \_\_\_\_\_

Travel Form \_\_\_\_\_

FSR \_\_\_\_\_

Code of Conduct \_\_\_\_\_