

## East Lansing Junior Trojans Football Player Registration

Player's Full Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

(Fall) Grade: \_\_\_\_\_ School: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

### Medical Emergency Statement:

In the event of an emergency during my/our absence I/we hereby authorize the Board Members and/or its coaches to seek local medical attention and/or secure medical transportation to the hospital if deemed necessary by a person with a medical background. I/we understand that I/we will be fully responsible for any costs incurred in the event that any of the above becomes necessary.

Parent/Guardian Signature: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy / ID #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

### Parental Acknowledgments:

I certify that it is with my free knowledge and consent that my child, \_\_\_\_\_, participates in the Tri County Football League, and understand that serious injury may result from participating in this athletic program. I will notify the coach of my child's eligibility or ineligibility. I relieve the staff (voluntarily) of all responsibility of any accident or injury involving my child while playing in this program. I also am aware that each player is guaranteed six (6) plays per half unless injured or being disciplined. I agree to abide by the Tri-County Youth Sports rules.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_