

TOMAH YOUTH FOOTBALL ACTIVITY REGISTRATION FORM

PAID: _____

Participant: _____ Male / Female

Age: _____ Grade this Fall _____ Weight: _____

Address: _____

City: _____ Zip: _____

Phone #: _____ School Attending: _____

Parent's Name: _____

Emergency Contact Name and Phone # _____

SIGNATURE OF PARENT/GUARDIAN: I hereby understand that my son/daughter has registered to participate in the above stated program(s), like most programs similar in nature, has some degree of inherent risk involved. Furthermore, my son/daughter is in good physical condition appropriate for the stated activity(ies) AND THAT PARTICIPANTS MUST ASSUME FULL RESPONSIBILITY FOR PERSONAL INJURY INCURRED WHILE TAKING PART IN THE ACTIVITY(IES). NO ACCIDENT INSURANCE IS PROVIDED THROUGH THE CITY OF TOMAH. Tomah Park and Recreation has permission, (both before and anytime after), to use the participants likeness, name, voice, or words in either television, radio, film, newspaper, magazines, and other media, and in any form, for the purpose of advertising or communicating the purpose and activities of Tomah Park and Recreation and/or applying for funds to support these purposes and activities.

Please list any special considerations we should know of (medicines, disabilities, allergies, etc.)

I have received and reviewed information regarding the risk of concussions in youth sports.

Parent/Guardian Signature: _____

Date: _____

Tomah Youth Football is now using a Call Fire System to send text and voice messages with TYF information regarding Cancellations and other reminders.

Would you prefer us to contact you via: (circle one & provide #)

Text message

or

Telephone message.

_____

_____