

Greater Bullitt County Youth Football League

District _____ Exemption Reason _____

PLEASE PRINT

CHILD'S NAME

AGE

____/____/____
BIRTHDAY

STREET ADDRESS

CITY & ZIP

HOME PHONE

CELL PHONE

PARENT/GUARDIAN OF WHOM CHILD LIVES WITH

SCHOOL ATTENDING & GRADE

MOTHER'S NAME

MOTHER'S ADDRESS (STREET/CITY/ZIP)

FATHER'S NAME

FATHER'S ADDRESS (STREET/CITY/ZIP)

MOTHER'S E-MAIL ADDRESS

OR

FATHER'S E-MAIL ADDRESS

MEDICAL CONDITIONS/ALLERGIES

EMERGENCY CONTACT NAME/RELATION/PHONE NUMBER

PLEASE CIRCLE ONE: FOOTBALL: A B PW LB MASCOT
 CHEER: A B PW LB MASCOT
 DANCE: A B PW LB MASCOT

Youth sports can be dangerous. Your child could be seriously injured, including becoming paralyzed, crippled, suffering brain injury, or even killed, while participating in The Greater Bullitt County Football League Program. The undersigned recognizes there are inherent risks associated with playing football/cheerleading/dance.

I, the parent/guardian of the above named child give my permission for my child to participate in The Greater Bullitt County Youth Football League and any league it adheres to. I assume and accept all risks and hazards incidental to such participation, including but not limited to, transportation to and from all activities related, and do hereby waive, release, absolute, indemnify, and agree to hold harmless The Greater Bullitt County Youth Football League and ALL leagues it adheres to, the Organizers, Coaches, Sponsors, Participants, and any persons transporting my child to and from activities relating from any claim arising out of injury or death of my child.

I, the parent/guardian authorize coaches and officials to obtain medical treatment for my child in case of an emergency when/if a parent/guardian cannot be contacted. I agree to be personally responsible and pay for any medical services rendered that are not covered and/or paid for by the insurance carrier.

Additionally, I, the parent/guardian do fully understand and agree to abide by all rules and regulations of the Greater Bullitt County Youth Football League and ALL leagues it adheres to, including all practices, scrimmages and games. I understand that signing my child up in a district not their own is a violation of the GBCYFL Bylaws and is punishable by a \$100 fine and my child will be ruled ineligible for the remainder of the year.

Insurance Company and I.D Number _____

Parent/Guardian Signature

____/____/____
Date

Chairman/Committee Member Signature

____/____/____
Date

Notary Signature (if applicable)

____/____/____
Date

My Commission Expires: ____/____/____