

Registration Form – LP Youth Football League

Name of Player and DOB _____

2018 Team and Level _____

(Example – Irish, 5th-6th) (If registrant did not play last year, please put N/A.)

2019-2020 School Year _____

Name of Parents _____

Home Address _____

Home Phone Number _____

Cell Phone Number _____

Email Address _____

Emergency Contact(s): _____

Special Medical Conditions, if any:

To the best of my knowledge, the information provided above is accurate and correct:

Parent or Legal Guardian (Please sign and date)

Waiver and Release Form

In consideration of being allowed to participate in the LP Youth Football League, we hereby agree that the LP Youth Football League, Inc., its board members, coaches, referees, and sponsors shall not be held liable or negligent for any injury (including permanent disability or death) or loss which my child may sustain while performing activities of any kind (known or unknown), whether sponsored by or under the supervision of the LP Youth Football League, Inc..

We also agree to indemnify and hold harmless to the fullest extent permitted by law, the LP Youth Football League Inc., its members, coaches, referees, and sponsors of any claim for any injury (including permanent disability or death) or loss which my child may sustain while performing activities of any kind (known or unknown), whether these activities are sponsored by or under the supervision of the LP Youth Football League, Inc., and we will assume full responsibility for medical payments in case of injury sustained by my child during participation in a LP Youth Football League event.

I understand and agree to the above Waiver and Release (Must be signed and dated by Parent or Legal Guardian) (Please sign and date):
