



**Parent/Guardian Information (Please print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Secondary Contact**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Player Information (Please print)**

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age on Aug. 31st \_\_\_\_\_

***Grade entering for School year 2025-2026*** \_\_\_\_\_

Players Approx Height: \_\_\_\_\_

Players Approx Weight \_\_\_\_\_

Jersey Size: YS, YM, YL, YXL, AS, AM, AL, AXL, A2XL, A3XL

Jersey # Request Choice #1 \_\_\_\_\_ Choice #2 \_\_\_\_\_ Choice #3 \_\_\_\_\_

\*Be sure to indicate 3 different number preferences. Do not put the same number for all 3 preferences. Numbers are selected on a first come first serve basis. So, if you choose only one preferred number and it has already been taken. A random number will be selected for you.



**District:**

**Boulder City**

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## WAIVER

This section to be filled out by Parent or Guardian of Athlete Please read and agree to the terms and conditions of the waiver listed below: In consideration of being allowed to participate in any way in the SUNYFL, and related events and activities, the undersigned: 1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate. 2. Understand and acknowledge that as a result of participation, an injury could occur that may require medical attention, and that on occasion the coaches and staff of SUNYFL, local area staff, and available medical personnel are unable to contact me immediately for my consent for emergency medical care. I do hereby authorize the staff of SUNYFL to consent on my behalf as they may deem necessary to such emergency medical care, including ambulance transport and hospital care, as may be deemed necessary under the then existing circumstances by available medical personnel, including ordering injections and /or anesthesia and/or surgery. In doing so, I assume responsibility for the expenses of any such care not covered by my insurance. 3. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, there may be other risks not known to us or not reasonably foreseeable at this time. 4. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent total disability or death. 5. Release, waive, discharge and covenant not to sue SUNYFL, their respective Administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise. 6. I confirm my understanding and consent that by participating in SUNYFL Football Camp, my child/ward may be photographed, identified and/or interviewed by people providing information for school publications or the media. I give my permission for SUNYFL to publish, on its website or in school publications, photographs and other information which may identify my child/ward related to my child's participation in SUNYFL Football Camp. \*\* Refund Policy: If a refund is requested prior to the Jersey being



ordered there will be a \$25.00 processing fee deducted from the refund. If a refund is requested after the Jersey has been ordered there will be a \$75.00 fee assessed, which is the cost of the jersey (\$50) and the processing fee (\$25).

*I, the undersigned, being the parent or legal guardian of the child listed on this registration form, have read the above Waiver, Release of Liability and Medical Treatment Consent and agree with all the terms and conditions stated above:*

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

Relationship to Player \_\_\_\_\_ Date \_\_\_\_\_