



HVCB Football Player Registration

www.hvcbfootabll.com | e mail: hvmacfootball@gmail.com | Phone (865) 323.4476

PLAYER INFORMATION:

Player Name _____ As of Aug 1st, 2024: Age _____ Grade _____
Player Cell Phone (_____) _____ - _____ DOB ____/____/____ # Years Played Football _____
Emergency Contact _____ Emergency Phone (_____) _____ - _____
Address _____ City _____ State _____ Zip _____
Parent 1 Name _____ Cell Phone (_____) _____ - _____ Email _____
Parents 2 Name _____ Cell Phone (_____) _____ - _____ Email _____

Medical Conditions or allergies to which we should be alerted _____

PROGRAM INFORMATION

Registration Cost: \$250 | Payment Information at: www.hvcbfootball.com
Checks payable to: HVCBFootball

ASSUMPTION OF RISK - WAIVER OF LIABILITY - MEDICAL AUTHORIZATION – PHOTOGRAPHY RELEASE

It is to be understood on all documentation, registration and representation of, and by, the Hardin Valley MAC Football Program, also known and represented as 'HVCBFootball'. As a parent / guardian of the applicant, I understand that participation in tackle football can result in serious injury and I hereby give permission for my child to participate in the HVCBFootball activities, and agree to comply with all program regulations, and hereby remove HVCBFootball from any and all liability for injuries incurred while participating in this program. I release their Staff and associates of any and all liability in relation to my child taking part in their programs. I/We the undersigned hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the player/student. I (We) hereby give permission for the staff of the activity to seek appropriate medical attention for the player/student and for the medical attention to be given and for the player/student to receive medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment, incurred in the safety of the HVCBFootball participant. I will not hold HVCBFootball or any of its associates liable for any monies, actions, liability or payments in line with the above statements. I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge HVCBFootball and its staff, officers, agents, employees, representatives and successors and assign of and from all liabilities, rights and claims for damages, personal injury or loss to person or property which may be sustained or occur during participating in PASS Soccer activities, whether or not damages, injury or loss are due to negligence or through natural actions incorporated through athletic activity. I agree to pay any, and all legal and medical costs, to and of both parties in full, in the event of any legal or medical action undertaken, mediated or culminating in any and all liability concerning HVCBFootball employees or contractors.

I hereby grant to HVCBFootball the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

This form has no expiry date and holds in perpetuity the above named player to any and all programs administered or coached by HVCBFootball.

I/We hereby acknowledge that our child is physically fit and mentally capable of participating in HVCBFootball activities.

PARENT/LEGAL GUARDIAN's Signature _____ Date _____