

S.A.F.L. CONSENT FORM

RETURNING PLAYER



PLAYER INFORMATION – PLEASE PRINT CLEARLY

Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____

Division: (Circle One) Pee Wee (3rd & 4th) Junior (5th & 6th) Senior (7th & 8th)

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or guardian of the above named player, I hereby give my consent for emergency care prescribed by a duly licensed Doctor of Medicine or a Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent.

Parent / Guardian Name (Please Print): _____

Parent / Guardian Signature: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Primary Phone: _____

I, the parent / guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Suburban Amateur Football League, its affiliated teams, organizations and sponsors. Recognizing the possibility of physical injury associated with football and in consideration for the SAFL accepting the registrant for its football games and activities ("the Games") I hereby release, discharge and/or otherwise indemnify the S.A.F.L., its affiliated teams, organizations and facilities utilized for the games, against any claim by or on behalf of the registrant as a result of the registrants participation in the games and/or being transported to and from the same, which transportation I hereby authorize.

Parent / Guardian Name (Please Print): _____

Parent / Guardian Signature: _____ Date: _____