

SAFL REGISTRATION FORM

SUBURBAN AMATEUR
FOOTBALL LEAGUE

PLEASE SIGN THIS FORM AT ALL FOUR X'S

NEW PLAYER? ☐

PLAYER INFORMATION – PLEASE PRINT LEGIBLY

Last Name					First Name			
Home Address					City			
State	Zip		Phone		DOB		DIVISION (Circle One)	
School					Grade Player Entering in the Fall			

CONTACT INFORMATION

Parent/Guardian Name		Relationship to Player	
Home Address (if different from Player)			
Phone		Email Address	
Parent/Guardian Name		Relationship to Player	
Home Address (if different from Player)			
Phone		Email Address	
Person to Notify In Case of Emergency		Phone	
DOCTOR to Notify In Case of Emergency		Phone	
Health and Accident Insurance Provider		Policy Number	
Please list any medical conditions or limitations			

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the SAFL, its affiliated teams, organizations and sponsors. Recognizing the possibility of 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 SAFL, 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 registrant's participation in the games and/or being transported to and from the same, which transportation I hereby authorize.

Printed Name _____
Signature ☒ _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

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

Printed Name _____
Signature ☒ _____ Date _____
Address _____
Phone _____

CONSENT FOR DISSEMINATION OF STUDENT RECORD TO THIRD PARTY

I give permission for the Suburban Amateur Football League to receive a copy of the parts of the child's student record noted below.

REASON FOR RELEASE OF RECORDS: Eligibility to participate in the Suburban Amateur Football League

PARTS OF RECORD TO BE RELEASED TO BE COMPLETED BY SCHOOL ADMINISTRATION ONLY

- | | | |
|------|---|-------|
| I. | Name | |
| II. | Date of Birth | |
| III. | Current Address | |
| IV. | Last Address (if moved within the last 12 months) | |
| V. | School | Grade |
| VI. | Name, Address of Parent/Guardian | |

X

Signature of Parent/Guardian

Date