



The Patriot Grandstand Club
PO Box 909, Gray, ME 04039

2009 FOOTBALL REGISTRATION FORM

Player's Name: _____

Address: _____

Phone: _____ Grade in Fall 09: _____

Date of Birth: _____ Height: _____ Weight: _____

Email Address for Team Correspondence: _____

Father's Name: _____

Address if Different: _____ Phone if Different: _____

Mother's Name: _____

Address if Different: _____ Phone if Different: _____

\$100 Youth Team

PARENT CONSENT & DISCLAIMER

I hereby give my consent for my child to participate in the football program sponsored by The Patriot Grandstand Club. I understand that there are inherent risks in playing football. I understand that I will be liable for all costs pertaining to any injuries my child may incur during participation in this sport. I agree, to the extent permitted by law, to hold harmless and indemnify all officers, directors and agents of The Patriot Grandstand Club from all liability, loss, cost, claim or damage whatsoever which may be imposed upon or incurred by my child because of his or her participation in the Club's football program.

I assume full responsibility for the return of all equipment and uniforms issued to my child. I agree to return all equipment and uniforms issued to my child at the request of any director, officer, or coach of The Patriot Grandstand Club. Furthermore, I assume all responsibility for the loss, destruction, damage and/or misuse that may occur not directly as a result of participation in the Club's football program. I will pay for the replacement of all items that my child or I lose, damage or otherwise do not return.

I understand that there will be **no** refunds, either full or partial, given to players who quit the program at any point in the season, be it beginning, middle, or end, for any reason.

I grant permission for my child to be included in pictures /video taken of football/club activities for the news media and/or for use in The Patriot Grandstand Club publications or on their web site.

Print Parent/Guardian Name: _____

Signature: _____ **Date:** _____



The Patriot Grandstand Club
PO Box 909, Gray, ME 04039

EMERGENCY INFORMATION FORM

Player's Name: _____

Mother's Name: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Physician's Name: _____ Phone #: _____

Hospital of Choice: _____

In Case of Emergency, contact: _____

Relationship to Child: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Any Known Allergies, Conditions, or Reactions to Medication: _____

I hereby give my consent in the event of a medical emergency, when I, or my emergency contact, cannot be reached, for the coach or person in charge to obtain whatever treatment may be deemed necessary for the above named child. This authorization includes my consent for the above child to receive emergency treatment by a physician in any hospital. I understand that any expense incurred for proper medical treatment will be the responsibility of the child's parents or guardians.

Print Parent/Guardian Name: _____

Signature: _____ **Date:** _____