

Tri-State Christian Football League

King's Crusaders

Registration and Parental Consent Form
Please Print Clearly

Player Name _____

Birth Date _____ Fall 2017 Grade Level _____

Address _____

City, State and Zip _____

Email Address _____

Home Phone _____ Parent Cell _____

Player Cell _____

Years experience playing tackle football _____

Medical Conditions *(Please list any past or current conditions which may affect your child while playing football)*

Emergency contact (relationship) _____

Phone number _____

Insurance Company Name _____

Group/Policy Number _____

_____ Initial here to give us permission to use your players picture on materials or website.

My child has permission to participate in the activities of the **Tri-State Christian Football League**. I (we) agree to take full responsibility for my child's well being and agree not to hold any individual involved with the **Tri-State Christian Football League**, including but not limited to directors, officers, staff, coaches, organizers, participants, volunteers and persons transporting players, liable for any harm resulting in participation of any league sanctioned activity.

Father's Signature _____

Father's Name _____ Date _____

Mother's Signature _____

Mother's Name _____ Date _____

If Player is 18 or over please sign here:

Player Signature _____ Date _____