

South Charlotte Recreation Association

**Football Skills Day - Spring 2013
FEE - \$10 per player**



Player		
First	MI	Last
DOB	Gender	Program: Skills Day 2013
Street Address		
Guardian 1		
First	Last	Gender
Home Phone	Cell Phone	Email
Address if different		
Guardian 2		
First	Last	Gender
Home Phone	Cell Phone	Email
Address if different		

**SOUTH CHARLOTTE RECREATION ASSOCIATION
MEDICAL WAIVER/LIABILITY RELEASE**

In consideration for accepting the registration and permitting the voluntary participation of the above named child/children in its programs, I, the parent/guardian does hereby release, hold harmless, and indemnify South Charlotte Recreation Association ("SCRA"), its volunteers and other representatives from all liability of any kind and character, and from any claims, demands, or cause of action which might be asserted on behalf of the above participant against SCRA and its volunteers, and representatives. In the event of an emergency, and I am unavailable, I grant permission to SCRA to administer first-aid and/or transport above child/children to the nearest medical facility for treatment.

Signed _____ **Date** _____

Payments

Checks – Made Payable to SCRA Check # _____ Amount \$ _____

Cash – Amount Received \$ _____