

2018 Summer Passing League

Monday Nights 6/25-8/9 @ Holyoke High School

Games are 5:00 – 6:00, 6:00 – 7:00, 7:00 – 8:00

2 games will be played each night.

Permission Slip

Name _____ School _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact _____

Parent/Guardian _____

This form must be completed and signed by a parent/guardian before a player will be allowed to participate in the 2018 Summer Passing League. (Print) I, _____ give permission for my son

_____ to participate in the 2018 summer 7 on 7 passing league at Holyoke High School. As parent/guardian, I hereby authorize the staff of the league to use their best judgment in emergency medical situations. I understand all efforts will be made to contact parents first. I hereby release the director of the league and its employees from liability and expenses for injuries or illness related to participation in the league. My son has no ailments that limit his participation. All participants must have their own insurance coverage. Most family health insurance plans are adequate.

The fee for the league is \$25.00/ player. Please make \$25.00 check payable to Longmeadow Gridiron.

I understand that sportsmanship and personal conduct will be emphasized by the officials; failure to adhere may result in permanent suspension from the league.

Player Name _____

Player Signature _____ Date _____

Player Cell _____

Parent Name _____

Parent Signature _____ Date _____

Parents Cell _____

Parents Cell _____