

**INDIAN HILL FOOTBALL CLUB  
2017 REGISTRATION**

**CONTRACT  
RELEASE AND PARENTAL PERMISSION**

Player's Name: \_\_\_\_\_ Age as of 11/15/17: \_\_\_\_\_

Returning Player's Jersey # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Height: \_\_\_\_\_

Address: \_\_\_\_\_

School Attending: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Phone #s: Home \_\_\_\_\_

Office \_\_\_\_\_ Office \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address(es) for team communication: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Employer: \_\_\_\_\_

Medical Insurance Carrier & Policy # \_\_\_\_\_

**INSURANCE:**

I hereby grant permission for my child to participate in The Indian Hill Football Club Program. He is covered by the above noted individual or group medical insurance policy. All claims for medical expenses as a result of football will be made against said insurance.

**EQUIPMENT:**

I agree to assume responsibility for the care and returning of all items of equipment that may be furnished by the Indian Hill Football Club. The value of the equipment is \$300 per player. If the equipment is not returned by the last day of October 2017, the family will be billed a late return fee of \$50 month up to six months for a total of \$300 until the equipment is returned.

**FEES:**

I agree to pay all registration and uniform/gear fees required for participation in the Club. No refunds will be provided after May 1<sup>st</sup>, unless the participant is no longer eligible for participation. I understand my child will not be able to participate in club activities until all fees are paid in full.

**PRACTICES & PLAYING TIME:**

Regular practices will begin Monday July 17<sup>th</sup> at the earliest. The number, times and duration of practices is at the discretion of the head coach. For 3<sup>rd</sup> through 6<sup>th</sup> grade, if the player attends all practices during the week, the player will play in that week's game. The actual number of game plays is at the discretion of the head coach. The exact quantity of plays will vary game to game at all levels.

**PARENT VOLUNTEERS:**

The Indian Hill Football Club is completely run by volunteers. To support home games, parents must work a minimum of two game day shifts (concessions or gate) during the season.

**Regarding Physical Fitness:**

To the best of my knowledge, my child is physically fit and able to play football, and I agree as the parent/guardian to furnish a doctor's statement to that effect if requested. It is understood that The Indian Hill Football Club does not take responsibility for the physical fitness of players and that as parent/guardian I bear the responsibility for my child's physical condition. I will make the head coach aware of any facts concerning my child's medical history to which a coach should be alerted.

**Warning Regarding Potential Dangerous Physical Injuries**

I understand that the activity in which my child will be participating is potentially dangerous and that physical injuries may occur to my child requiring emergency medical care and treatment. I acknowledge that I understand that my child may, by participating in this activity, be exposed to the risks of serious injury, including but not limited to sprains, fractures, and ligament and/or cartilage damage which would result in temporary or permanent, partial or complete, impairment in the use of his/her limbs, brain damage, paralysis or even death. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury to my child which may result, I give my consent to my child to participate.

**Regarding Emergency Medical Care and Contacts**

I hereby give my consent and authorize the Indian Hill Football Club and its agents, and/or representatives to consent on my behalf and on behalf of my child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for which such emergency medical care and treatment. I understand and agree that I will be responsible for all medical bills and costs that may be incurred as a result of the medical care and treatment of my child.

**Release**

In consideration of the acceptance of my registration and membership in The Indian Hill Football Club, I do hereby for myself, my heirs, executors, and administrators to waive, release and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me or my child against the Indian Hill Football Club and/or any of its teams, sponsors, members, coaches, directors or officers, their successors or assigns, for any and all damages which may be sustained and suffered by me or my child in connection with membership in the Club and/or arising out of my traveling to, participating in, or returning from said Club games, practices or exhibitions.

\_\_\_\_\_  
Players' Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Guardian's Signature

**NOTE: If divorced, BOTH parents must sign unless one parent has full custody.**