CCPWFL BOARD USE ONLY

_____B.C. ATTACHED

_____ OFFICIAL WEIGHT

_____REGISTRATION PD

CHECK # _____

CRYSTAL CITY PEE-WEE FOOTBALL LEAGUE

PLAYER REGISTRATION FORM

TEAM: _____GRADE:_____SCHOOL: _____
(Required) (Required Information)

PLAYER NAME: _____BIRTH DATE: _____
(Birth Certificate required prior to start of season)

ADDRESS: _____

CITY: _____ ZIP: _____

PARENT/GUARDIAN: _____

HOME PHONE: _____ WORK PHONE: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

PHONE NUMBERS: _____ RELATION: _____

Last Day for Registration – September 6, 2008

- Each player must pay the registration fee of $30.00*
- Each player will receive 1(one) game jersey, pant, helmet, shoulder pads and mouth piece. Other necessary equipment must be furnished by the player.
- The league will provide secondary (supplemental) insurance for each player. The insurance has a deductible which will apply prior to any medical expenses being paid by such insurance.
- Each player must provide a copy of the player's birth certificate to be eligible to participate in the league.
- A player shall not be thirteen (13) years old on or before September 1st of the playing year to be eligible to participate in Pee-Wee football.

A player participating in CCPWFL is prohibited from participating in any game or practice outside of CCPWFL.

PARENTAL AUTHORIZATION / MEDICAL RELEASE

I, parent or legal guardian of (Player's Name) _____ hereby gives authorization for participation in any and all CRYSTAL CITY PEE WEE FOOTBALL league activities. I hereby grant permission to managing personnel and league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic, should the player become ill or injured while participating in league activities when neither parent nor legal guardian is present to grant authorization for immediate treatment. I assume all risks and hazards incidental to such participation, including transportation to and from league activities: and do hereby waive, release, indemnify and agree to hold harmless CRYSTAL CITY PEE WEE FOOTBALL LEAGUE and its agents, assigns, representatives, officers and employees from any and all claims arising out of the player's participation in any and all league activities.

I HAVE READ AND UNDERSTAND THE ABOVE REGISTRATION FORM AND PARENTAL AUTHORIZATION / MEDICAL RELEASE. I VERIFY THAT I HAVE COMPLETED THIS FORM AND THAT THE INFORMATION I PROVIDED IS TRUE AND CORRECT. I FURTHER AGREE TO ABIDE BY THE RULES AND GUIDELINES SET FORTH BY CRYSTAL CITY PEE WEE FOOTBALL LEAGUE.

_____ _____ _____

Signature of Parent / Legal Guardian | Date | Relationship to Player

☐ ***PLEASE LIST ON BACK ANY MEDICAL INFORMATION OR CONDITION WHICH MAY BE RELEVANT TO THE CARE AND TREATMENT (EMERGENCY OR OTHERWISE) OF THE CHILD***