

# Greater East Austin Youth Association

## Football Registration & Waiver

### PLAYER INFORMATION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE AS OF 8/2007 \_\_\_\_\_ SEX \_\_\_\_\_

### CONTACT INFORMATION

MOTHERS NAME \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

ADDRESS \_\_\_\_\_

### WOULD YOU LIKE TO VOLUNTEER?

(Check area of interest: Sponsor \_\_\_ Board Member Support \_\_\_ Coach \_\_\_ Team Parent \_\_\_ Concession \_\_\_ )

### WAIVER INFORMATION

**I/WE PARENTS OR GUARDIANS OF THE ABOVE NAMED GIVE MY/OUR APPROVAL AND WILL PROVIDE TRANSPORTATION TO AND FROM ALL THE ACTIVIES.**

**I/WE KNOW THAT FOOTBALL MAY RESULT IN INJURIES. PROTECTIVE EQUIPMENT DOES NOT PREVENT ALL INJURIES AND I/WE WAIVER, RELEASE AND AGREE NOT TO HOLD G.E.A.Y.A., IT'S SPONSORS OFFICALS, ORGANIZERS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR CHILD/CHILDREN TO AND FROM ACTIVITIES LIABLE FOR INJURIES THAT MAY OCCUR DURING PARTICIPATION.**

**I/WE AGREE TO RETURN UPON COMPLETION OF THE SEASON, OUR CHILD/CHILDRENS DEPARTURE FROM THE TEAM ALL UNIFORMS/EQUIPMENTS ISSUED IN AS GOOD OF CONDITION AS WHEN RECEIVED EXCEPT FROM NORMAL WEAR AND TEAR TO G.E.A.Y.A.**

### Parents and/or Guardians Signatures

1. \_\_\_\_\_ Date

2. \_\_\_\_\_ Date

### Medical Information

BP \_\_\_\_\_ WT. \_\_\_\_\_ HT. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physicians Signature \_\_\_\_\_ Date of Examination \_\_\_\_\_