

S.A.F.L. REGISTRATION FORM

**SUBURBAN AMATEUR
FOOTBALL LEAGUE**



FOUNDED 1966

NEW

PLEASE SIGN FORM AT ALL 3 X'S

PLAYER PLEASE PRINT FIRMLY AND LEGIBLE TO MAKE MULTIPLE COPIES

Last Name _____ First Name _____ Init _____

Address _____ City _____

State _____ Zip Code _____ Area Code _____ Telephone Number _____ Birth Date _____

Month _____ Day _____ Year _____ Age _____

DIVISION PW
JR.
SR.

Father's Name _____ Occupation _____ OPTIONAL Bus Phone _____

Mother's Name _____ Occupation _____ OPTIONAL Bus Phone _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

Parent's health and accident insurance company _____ Policy No. _____

e-mail _____ School _____ Grade entering _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the SAFL, its affiliated teams, organizations, and sponsors. Recognizing the possibility of physical injury associated with football, and in consideration for the SAFL accepting the registrant for its football games and activities (the "Games"), I hereby release, discharge and/or otherwise indemnify the SAFL, its affiliated teams, organizations, and facilities utilized for the games, against any claim by or on behalf of the registrant as a result of the registrant's participation in the games and/or being transported to and from the same, which transportation I hereby authorize

Name _____
Parent/Legal Guardian (please print)

Signature **X** _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent/Guardian _____

X _____

Address _____

City _____ State _____ Zip _____

Phone Home _____ Bus _____

PARENT/GUARDIAN

CONSENT FOR DISSEMINATION OF STUDENT RECORD TO THIRD PARTY

I give permission for the following third party, (the Suburban Amateur Football League) to receive a copy of the parts the child's student record noted below.

REASON FOR RELEASE OF RECORDS

Eligibility to participate in the Suburban Amateur Football League.

PARTS OF RECORD TO BE RELEASED TO BE COMPLETED BY SCHOOL ADMINISTRATION ONLY

I Name

II Date of Birth

III Present Address

IV Last Address(if moved within last 12 months)

II School _____ Grade _____

VI Name, Address of Parent/Guardian

X _____
Signature of Parent/Guardian

Date