***SANDY CREEK YOUTH FOOTBALL ASSOCIATION***

**PO Box 955**

**Tyrone GA 30290** [**www.sandycreekyouthfootball.com**](http://www.sandycreekyouthfootball.com/)

**PLAYER INFORMATION MEDICAL INFORMATION**

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| --- | --- | --- | --- |
|  | INSURANCE COMPANY: POLICY#:PHYSICIAN’S NAME: PHYSICIAN’S PHONE: ALLERGIES?PLAYER IMMUNIZED? |  | League Use Only: Coach that referred You: Weight: Helmet: Shoulder pads: |
|  |
| (League Use Only) FOOTBALL: CHEERLEADING: CAMP:RAFFLE: OTHER: CHECK#:AMOUNT DUE: |
| FATHER’S NAME: FATHER’S CELL PHONE:FATHER’S E-MAIL ADDRESS (if you check it regularly): |  |
| MOTHER’S NAME: MOTHER’S CELL PHONE:MOTHER’S E-MAIL ADDRESS (if you check it regularly):  |
|  |
| Which of the following would you be willing to volunteer to do for your child’s team:Coach Team Parent Concession Game Announcer Chain CrewLakewood Fundraiser Stadium Cleanup |
| **RELEASEAND WAIVER OF LIABILITY MARCH 1, 2014–DEC.31,2014**The undersigned hereby acknowledges desire for member(s) of the family to participate in recreational programs of the Sandy Creek Youth Football Association. The undersigned further acknowledges that such participation, including travel to and from events, involves an inherent risk of physical and mental injury, but acknowledges that participation is voluntary and agrees to assume any and all risk.The undersigned further acknowledges and agrees that the Sandy Creek Youth Football Association, its members, officers and agents, the city of Tyrone, itsCity Council members, county of Fayette, employees and agents assume no responsibility for personal injuries and/or property damage which might be suffered by the family member(s)during any and all participation and do hereby expressly release the Sandy Creek Youth Football Association, its members, officers and agents, the city of Tyrone, its City Council members, county of Fayette, employees and agents, from any and all liability relating to any such injuries and/or damage.By signing this release, the parent/adult participant(s) consents to such participation by the minor(s) and/or adult(s) and also verifies that the participant has Sufficient medical insurance in effect during the period of March 1, 2014-Dec.31, 2014The undersigned further gives consent for emergency medical treatment of minor in a licensed hospital or medical center by a licensed Georgia physician should his/her condition require it in the absence of the undersigned. As long as the medical or surgical treatment necessary is in accordance with generally accepted standards of medical practice, the undersigned imposes no specific limitations or prohibitions regarding treatment.The undersigned further acknowledges that he/she will read the Sandy Creek Youth Football Association Handbook located on the web-site and agrees to adhere to all rules and regulations governing the Sandy Creek Youth Football Association, as set forth in the handbook, including but not limited to, the Sandy Creek Youth Football Association By-laws and the Parents’ Code of Ethics.**Parent /Guardian SignatureDate** |
|  | PantsSize: |  |

PLAYER’S NAME (as on Birth Certificate):

NAME PLAYER USES (if different from above): ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

SCHOOL ATTENDING IN FALL:

GRADE IN FALL:

BIRTHDATE: AGE **(as of 7/31/2014)**:

**PARENTAL INFORMATION**