



# PC REC 2021 FALL TACKLE FOOTBALL REGISTRATION FORM

Office Use Only

Date: \_\_\_\_\_

Amount paid: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

Please Check One:

☐ Football: (5-6): Ages as of January 1<sup>st</sup>

☐ Football: (7-8): Ages as of January 1<sup>st</sup>

☐ Football: (9-10): Ages as of January 1<sup>st</sup>

☐ Football: (11-12): Ages as of January 1<sup>st</sup>

**Football: (\$55.00) (\$10.00 LATE FEE & \$25.00 NSF FEE WILL APPLY)**

**“DEADLINE FOR REGISTRATION AUGUST 20th”**

**Complete the personal information in the box below (Only one child per form):**

Parent's Email Address (Required): \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

*I \_\_\_\_\_ (print name) understand that I take full responsibility for the football equipment that is issued out to my son. If the equipment that was issued is not returned after the season or if my child does not continue to participate, I will pay the value for any items not returned!*

**SIGNATURE:** \_\_\_\_\_

My undersigned signature confirms my understanding that participation in this leisure activity is on a voluntary, amateur basis and that there may be an element of risk involved. PC Rec is not responsible for any injuries or an accident sustained and encourages all participants to obtain insurance for player protection. By acceptance of these conditions, I do, on behalf of myself, heirs and legal representative, hereby release and forever discharge PC Rec, and all its representatives from any and all claims and demands of every kind, mature and character, for any and all damages, losses, or injuries which may be sustained by the registrant in connection with any aspect of participation in this voluntary amateur activity.

**Parent Signature:**

(Required for child to participate)

**ALL FORMS MUST BE PROCESSED THROUGH THE PC REC OFFICE IN ORDER TO BE ELIGIBLE TO PLAY !**

**Office Hours: Monday through Friday from 7:30 a.m. to 4:00 p.m., (225) 638-3870**

**FORMS MUST BE MAILED OR DROPPED OFF AT MULTI-USE FACILITY  
1400 MAJOR PARKWAY, NEW ROADS LA 70760. NEXT DOOR TO THE BALLPARK!**

**ON BACK >>>>>>>>**

## **ATHLETIC WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in Pointe Coupe Parish Recreational/Government athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
4. Release, waive, discharge and covenant not to sue Pointe Coupe Parish Recreational/Government, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Participant (print) \_\_\_\_\_

Name of Parent/Guardian (print) \_\_\_\_\_

Parent/Guardian Relationship (print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_