

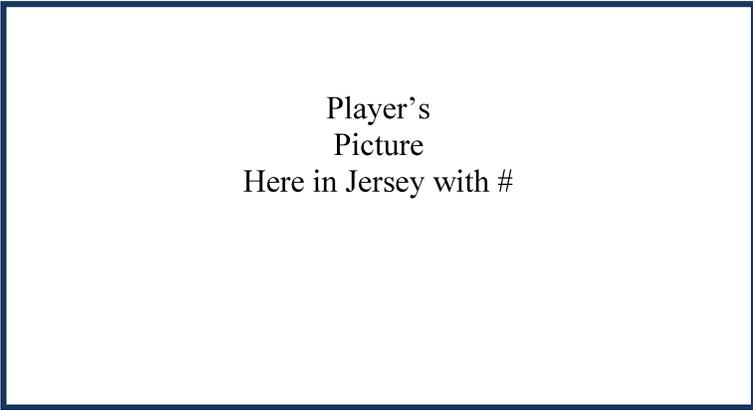
TRI-COUNTY FOOTBALL LEAGUE

PLAYERS NAME (PRIN	BIRTHDATE	AGE AS OF 11/30/2026	WEIGHT		EMERGENCY #
ADDRESS	CITY		ZIP		PHONE #
FATHER/GUARDIAN'S NAME	ADDRESS		PHONE #		
MOTHER/GUARDIAN'S NAME	ADDRESS		PHONE #		
PARENT/GUARDIAN'S EMAIL	SCHOOL ENTERING IN THE FALL		GRADE		
PARENTS PRIMARY INSURANCE	POLICY NO		DR. NAME & PHONE #		

THE ABOVE PLAYER WHOSE PICTURE IS POSTED BELOW IS A MEMBER OF THE FOLLOWING TRI-COUNTY YOUTH FOOTBALL LEAGUE TEAM:

To the best of my knowledge, all information on this **complete packet** is actual. I understand that the League may take action against any individual or team of association that willingly falsifies any submitted information of documents.

Head Coach _____
Initial _____



GENDER: (Circle One)

Male or Female

MEDICAL EXAMINATION

I certify that the player listed above was examined by me and is physically fit to play tackle football.

Printed Name and Signature of Physician	Date of Examination	Phone Number
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Address

EMERGENCY MEDICAL AUTORIZATION

I, as Parent/Guardian of said Player/Minor, do hereby authorize and direct the said association to act as agent for me to consent to and obtain medical, surgical, dental treatment and/or examination for said minor in case of illness or injury occurring from participation in any activities of the association and/or conference. I do hereby consent to x-ray, examination, anesthesia, medical or surgical, or dental treatment that is considered necessary by the attending physician or dentist. I understand that in an emergency, reasonable efforts will be made to notify me.

PARENT/GUARDIAN SIGNATURE

DATE

TRI-COUNTY FOOTBALL LEAGUE

2026

PLAYER CONTRACT (ATTACH BIRTH CERTIFICATE)

I, as parent/guardian of said candidate minor, hereby give permission for said minor to participate in any and all the activities sponsored by said Association and agree to release, indemnify, and to hold harmless the Association Conference including but not limited to its organizers, sponsors, supervisors, leaders, participants, officials, coaches and other agents or representatives including persons transporting said minor from any and all claims arising out of injury to the above said minor except to the, extent of and in the amount of insurance coverage held by the Association.

INSURANCE: The Conference has a Group Accident Insurance Coverage for medical and hospital expenses with a given deductible amount for each accident incurred. The Conference insurance is considered as **secondary coverage** when there is any other valid collectable coverage provided by parents insurance. Maximum coverage is provided for any one accident with a given maximum dental coverage for sound, natural teeth. In executing the foregoing release, I/WE understand that any Registration Fee or other sums paid does not constitute a direct premium payment for insurance.

ELIGIBILITY: I, as parent of said candidate/minor and I, as said candidate/minor, understand that a candidate must meet the minimum age requirement on official certification date established by the Conference Board of Directors without exception. I understand that proof of age must be presented at the time of official certification and that it is the responsibility of the parent/guardian and the candidate/minor to provide such proof of age in the form of a certified birth record to the Association and the Conference. I understand that if proof of age is not provided on official certification date, said candidate/minor is automatically ineligible for participation in any and all activities of the Association and/or Conference as a player.

FEES: I, as parent/guardian of said minor understand that any and all fees assessed by the Association and/or Conference are nonrefundable if the said minor participates in any activity of the Association.

EQUIPMENT RESPONSIBILITY: I, as parent/guardian of said minor, do hereby assume full and complete responsibility for the proper care and maintenance of all equipment issued by the Association to said candidate/minor. I understand all equipment is to be used for Association and/or Conference activities only and that all equipment remains the legal property of the Association. I agree to reimburse the Association for any and all equipment that is lost or damaged or stolen for the value stated by the Association with payment due when equipment is returned _____.
All equipment will be returned immediately upon the withdrawal of the said candidate/minor from the Association.

Initial

AND REGULATIONS: I, as parent/guardian of said candidate/minor, and I as said candidate/minor, understand that it is the responsibility of the parent/guardian, candidate/minor, team and Association to comply with any and all rules and regulations of said Association, the TRI-COUNTY YOUTH FOOTBALL. Any non-compliance with rules and regulations shall be cause for disciplinary action being taken against said candidate/minor, parent/guardian, team or Association by the Conference.

RELEASE OF LIABILITY: In consideration of being allowed to participate in any way in the program, its related events and activities, I as parent/guardian of said minor, and I as said candidate/minor, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skill, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participants. If, however, I observe any unusual significant hazard during my presence or participating, I will remove myself from participating and bring such to the attention of Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Association, their officers, officials, agents and/or employees, other participants, sponsoring agencies sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the full extent permitted by law.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

I have read all the above and understand it completely and hereby place my signature as proof (below).

PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE NUMBER

DATE SIGNED