

CK # _____

CASH _____

SUWANNEE VALLEY LEAGUES INC. YOUTH REGISTRATION FORM

(FORM MUST BE *COMPLETELY* FILLED IN)
Football 2010

PLAYER'S NAME : _____

PHYSICAL ADDRESS: _____

NAME OF PARENT(S): _____

MOTHER'S HOME PHONE # _____ CELL # _____ WORK # _____

FATHER'S HOME PHONE # _____ CELL # _____ WORK # _____

MOTHER'S E-MAIL ADDRESS : _____

FATHER'S E-MAIL ADDRESS : _____

PLAYER'S D.O.B. : _____ RECEIPT OF COPY OF BIRTH CERTIFICATE : YES ___ NO ___

UNIFORMS WILL NOT BE ORDERED UNTIL SIGN-UP FEE HAS BEEN PAID & BIRTH CERT. RECEIVED .

PRESS RELEASE AUTHORIZATION:

I HEREBY AUTHORIZE SVL INC. TO DEPICT IN PERPETUITY THE ABOVE NAMED PLAYER'S LIKENESS, IMAGE, NAME, SIGNATURE, AND OTHER INDICIA OF MY RIGHTS OF PUBLICITY IN PHOTOGRAPHIC OR OTHER WORKS APPEARING IN ANY AND ALL MEDIA FOR PURPOSES OF PROMOTING, ADVERTISING, OR MARKETING CURRENT OR FUTURE EVENTS RELATED TO SVL INC. AND I AGREE THAT SUCH IMAGES MAY BE USED FOR THAT PURPOSE WITHOUT COMPENSATION.

MEDICAL TREATMENT INFORMATION:

BY MY SIGNATURE BELOW, I AM THE LEGAL PARENT / GUARDIAN OF THE PLAYER NAMED AT THE TOP OF THIS FORM. I TAKE RESPONSIBILITY FOR THE CLAIMS HERETOFORE OR HEREAFTER ARISING KNOWN OR UNKNOWN, FROM THE PLAYER'S PARTICIPATION IN THE PROGRAMS OF S.V.L. INC. / G.C.R.A. INC. I KNOWINGLY, VOLUNTARILY AND EXPRESSLY RELEASE THE VOLUNTEERS CONDUCTING THE PROGRAMS AND S.V.L. INC. / G.C.R.A. INC. FROM ALL LIABILITY ON CLAIMS ARISING ON SUCH MATTERS. I FURTHER AUTHORIZE ANY PHYSICIAN, HOSPITAL, OR DENTIST TO PROVIDE ANY EXAMINATION AND / OR TREATMENT FOR THE ABOVE NAMED PLAYER. I WILL BE RESPONSIBLE FOR ALL THE REASONABLE EXPENSES INCURRED FOR SUCH TREATMENT OR MEDICAL CARE BEYOND THE SECONDARY INSURANCE PROVIDED BY S.V.L. INC. / G.C.R.A. INC.

MEDICAL CONDITIONS OR ALLERGIES: _____

PHYSICIAN : _____ PHONE # _____

MEDICAL INSURANCE COMPANY'S NAME : _____

PROVIDER'S ADDRESS : _____

POLICY # : _____ EXPIRATION DATE _____

PARENT / GUARDIAN NAME PRINTED : _____

PARENT / GUARDIAN SIGNATURE : _____ DATE : _____

NOTE: PLEASE LIST NAMES/AGE OF ALL SIBLINGS PARTICIPATING IN FOOTBALL OR CHEERLEADING!

NAME(s): _____ AGE: _____

(CODE OF ETHICS ON BACK)