



Football's National
Governing Body

Member Registration Form

Type of Member (Please check one):	<input type="checkbox"/> Player	<input type="checkbox"/> Coach	
First Name:			
Last Name:			
Street Address:			
City:	State:	Zip:	
Phone:			
E-mail Address (Parent/Guardian Email for player members):			
Date of Birth:	Grade:		
League Name:	Jasper JFL		
Club Name:	3 rd & 4 th Grade		
Height			
Weight			
Shirt Size			
Shoe Size			
School			
Parent(s) Name			

The fee for 2019 Season is \$40 for Jasper City residents. The fee for non-residents is \$50.

Please make check payable to **Jasper Junior Football**.

Please mail this form with payment to **P.O. Box 674 Jasper, IN 47547-0674** before August 1st.

Any questions contact Chris Eckstein @ 639-1930 or Phil Seger @ 631-3093.

See reverse side for waiver.

*** Form must be signed on reverse side.**

RELEASE AND WAIVER OF LIABILITY

This Release is by the party signing below (herein referred to as "Releasor"), and is given to _____ (the "League/Club/Team"), USA Football, Inc., a not for profit 501(c)(3) corporation ("USAF"), the National Football League, its member professional football teams and clubs, NFL Properties LLC, NFL Ventures, L.P., the NFL Youth Football Fund, the National Football League Players' Association, and the owners and operators of the facilities at which the youth football games, practices, and related activities (collectively and individually, the "Program") are held and their subsidiaries, affiliates, divisions, officers, agents, board members, employees, staff, sponsors, agents, legal representatives, administrators, assigns, heirs, executors, those for whom USAF is acting and those acting with USAF's authority and permission (collectively as "Releasees").

THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL. Releasor, being of lawful age (or, in the case of a minor, through his/her parent or guardian), in consideration of being permitted to participate in the Program, hereby releases and discharges Releasees from all present and future liabilities, debts, obligations, costs, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, in equity or at law, which the Releasor or his/ her child or ward, family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "Related Parties") may have, whether known or unknown, suspected or unsuspected, asserted or not asserted, arising out of participation by the Releasor or his/her child or ward in the Program.

The Releasor understands, acknowledges and accepts that this Release and Waiver is intended to be binding on the Releasor and the Releasor's Related Parties. The Releasor further understands, acknowledges and accepts that participation in the Program involves certain inherent risks, including, but not limited to, property damage and serious bodily injury (including death), and agrees that the Releasor or his/her child or ward is voluntarily participating in the Program with full knowledge of the risks involved and accepts all risks of participation. The Releasor declares that the Participant is physically fit and has the requisite skill level to participate in the Program. The Releasor authorizes the League/Club/ Team and/or a party designated by the League/Club/Team to provide medical treatment to the Releasor or his/her child or ward, at the Releasor's cost, should the need arise. The Releasor understands, acknowledges and accepts that he or she must provide his/her own medical insurance for the participant.

The Releasor further grants the Releasees the right, but does not otherwise impose the obligation, to photograph, videotape and/or otherwise use the Releasor's/participant's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials, free of charge without reservation or limitation. The Releasor understands, acknowledges and accepts that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the state in which the Program is taking place and agrees that if any portion of this Release and Waiver of Liability is invalid, the remainder will continue in full legal force and effect.

Participant Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACTS

Primary Contact Name: _____ Phone: _____

Secondary Contact Name: _____ Phone: _____

THIS FORM MUST BE SIGNED BY THE PARTICIPANT'S PARENT OR LEGAL GUARDIAN.

Parent/Guardian's Signature

____/____/____
Date

Parent/Guardian's Printed Name

Parent/Guardian's Phone Number

