



# WESTERN KANSAS FOOTBALL LEAGUE

## Official Registration

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GRADE IN UPCOMING SCHOOL YEAR: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WGT: \_\_\_\_\_ HT: \_\_\_\_\_ PREVIOUS TEAM: \_\_\_\_\_

FATHER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

MOTHER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

### Medical Liability And Participation Liability Release

I, the undersigned, herein certify that I am the parent or legal guardian of the above named participant, a player in the Western Kansas Football League program. I am fully aware and understand that football is a contact/collision sport As a result of this awareness and understanding; I acknowledge that serious injury is a possibility of participation in the Western Kansas Football League. I further acknowledge that officials of the Western Kansas Football League program have made me aware of potential serious injury. With full knowledge of the risk, I herein request that my son, daughter or charge be permitted to play. Now, therefore, I (we) do hereby waive, release, absolve, indemnify and agree to hold harmless the local Western Kansas Football League program, its organizers, supervisors, participants, and facilities for any claim arising out of an injury to the player.

As parent or legal guardian of the above named participant, a player in the Western Kansas Football League program, I hereby grant permission to the adult manager, coach, league representative and/or business manager of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all Western Kansas Football League activities, including the period required to travel to and from those activities; and I (we) do hereby waive, release, absolve, indemnify and agree to hold harmless the local Western Kansas Football League program, its organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to or treatment of the player.

#### Health Insurance Information

Please list all known allergies or mark nka if none: \_\_\_\_\_

Please list any medications currently on or any special medical conditions: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY OR CERTIFICATE #: \_\_\_\_\_

### NOTARY PUBLIC STATE OF KANSAS

COUNTY OF: \_\_\_\_\_ SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ IN  
THE YEAR OF OUR LORD \_\_\_\_\_.

X \_\_\_\_\_  
PARENT OR GUARDIAN OF THE PARTICIPANT

\_\_\_\_\_  
NOTARY PUBLIC - STATE OF KANSAS  
MY COMMISSION EXPIRES: \_\_\_\_\_