



2011
FOOTBALL
 Garden Spot Athletic Association
 Fall Registration Form

Full Name Of Athlete: _____

Birth date: _____ Grade Completed: _____ Age: _____ Player Weight: _____

Sex: _____ Home Phone: _____ Parent Cell: _____

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

Parent's E-mail Address: _____

Last Years Team if Any: _____

Father: _____ Mother: _____

Parent email if different: _____

Emergency Medical Information:

Name of Physician: _____ Phone Number: _____

Name of Dentist: _____ Phone Number: _____

Emergency Contacts:

1. Name: _____ Phone Cell # _____

2. Name: _____ Phone/Cell # _____

I, the parent or guardian of _____, have indicated by my signature that I consent to have my child participate in the activity for which they have now registered. I understand that neither GSMAA, or any individual associated with the playing of the game shall be liable in any way for any injury suffered by my child. In the event that my child sustain an injury during practice or a game, this form serves as permission to initiate appropriate medical treatment. In addition, I agree that all of the equipment issued to my child is the property of GSMAA., and I am responsible for returning it at the time designated by the GSMAA board or face legal action.

All registration fees are non refundable.

Signature of Parent or Guardian: _____

Administrative Use Only:
 Team/Squad Assigned at Registration: _____
 Registrar's Authorized Signature: _____

RED ROSE MIDGET FOOTBALL LEAGUE
PLAYER CONTRACT

Organization

Season

Name of Player

Birth Date

Address of Player

Phone Number

City, State, Zip Code

Last Year's Team (if any)

Name of Parent/Guardian

Address (if different from Player's)

I agree to play for the ----- of the Red Rose Midget Football League and to abide by all the rules, in the interest of fair play and good sportsmanship, I pledge good conduct during all contests in which the club is engaged.

I understand that all football equipment issued to me is the property of the club and shall be returned to the club at the conclusion of the season, or at such time as may be requested by the manager or other club official.

Signature of Player

Date

E-mail: _____

The above named Parent and/or Guardian of Player hereby requests that the Player participate in the organized football league sponsored by the Red Rose Midget Football League, and in consideration of such participation and intending to be legally bound hereby, said Parent and/or Guardian of Player acknowledges that Player will participate in the league and all games and practices incident thereto and be using said facilities at his own risk. Said Parent/and or Guardian of Player on his own behalf hereby releases, discharges and indemnifies the Red Rose Midget Football League and its successors, assigns, officers and employees from all liability for injury to the person or damage to property of himself and Player. This release and indemnification shall bind Parent and/or Guardian, his/her spouse, heirs and legal representatives.

Signature of Parent/Guardian

Date

(The following section is to be completed by Physician)

_____ has been examined by me and is in sound physical condition and fully able to participate in football practice and games.

Physician's Signature

Date

NOTE: Excess insurance is carried on all players.

NOTE: Any player who signs a contract with a given team must remain with that team unless he secures a release, in writing, from the director of that team with which he is registered. A copy of this release must be forwarded to the league Commissioner.