



**Be sure to fill in SECTIONS A and B of the registration form completely.
Parent/guardian MUST sign permission, medical authorization and release.
Physicians statement must be turned in with this form.**

Section A - PARTICIPANT INFORMATION **Make check payable to "NOR" and mail to: 405 Galaxy Ave., Bakersfield, CA 93308 ATTN: Youth Tackle Football**

Participant Last Name	First Name	Birthdate	Sex	Age
School Attending in September	Grade in September	Team and Division Last Played In (Jr. Bantam, Bantam, Jr. Varsity & Varsity)		
I am interested in: <input type="checkbox"/> Coaching <input type="checkbox"/> Volunteering <input type="checkbox"/> Sponsoring		Years Experience	E-Mail	

Section B - PARENT/GUARDIAN INFORMATION

Last Name	First Name	Home Phone #
Street Address		Work Phone #
City	State	Zip
		Emergency Phone #

AUTHORIZATION TO TREAT A MINOR: I the undersigned parent or legal guardian of _____, a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Parent/Guardian Signature _____ Date _____

AGREEMENT, WAIVER AND RELEASE

In consideration for being permitted by the North of the River Recreation & Park District, the National Association of Youth Football, and the North of the River Youth Tackle Football Program to participate in a tackle football program, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in this activity. This release is intended to discharge in advance the North of the River Recreation & Park District, its officials and/or officers, employees, agents, and volunteers, the National Association of Youth Football, and the North of the River Youth Tackle Football Program, their respective officers, directors, employees, agents and volunteers, from any and all liability arising out of or connected in any way with my participation in, or travel to and from, this activity, even though that liability may arise out of negligence or carelessness on the part of the persons and/or entities mentioned above. It is understood that this activity is an extreme test of a person's physical limits, and involves an element of risk of death, serious injury, and property loss as well as danger of accidents, and knowing those risks, I hereby assume those risks. I further certify that I am physically fit to participate in this activity, and have not been advised otherwise by a qualified physician. It is further agreed that this waiver, release and assumption of risk

is to be binding on my heirs and assigns. I agree to indemnify and hold the above persons and/or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in this activity.

PARENTAL CONSENT: (MUST be completed and signed by parent/guardian if applicant is under eighteen years of age.)

I hereby consent that my son/daughter participate in the tackle football program and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in this tackle football program.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND NORTH OF THE RIVER RECREATION & PARK DISTRICT, AND I SIGN IT OF MY FREE WILL.

Signature of Parent/Guardian

Printed Name (Parent or Guardian)

Date

FOR OFFICE USE ONLY			
Receipt # _____	Amt. Paid _____		
Date _____	Employee initial _____		
Starting Date _____			
Received	___ Health Form	___ Rules	___ Calendar

NOTE: North of the River Recreation & Park District does not provide medical-accident insurance for participants.