

Single Family Total Amt.: _____
 Cash Check # _____
Receipt #: _____

Do Not Write In Box—For Clerical Use Only

Glencoe Community Football • Registration 2010

Note: Form must be completed and signed before gear can be issued

Please complete form and return with registration fee to:

Glencoe High School 2700 NW Glencoe Rd. Hillsboro, OR 97124

Attention: Eric Fraser

Grade (as of 9/10): Fee*

__3rd __4th \$ 100
__5th __6th \$ 125
__7th __8th \$ 150

*Please make check payable to **Glencoe Community Football**

(A limited number of scholarships are available—please see back of this form.)

Eligibility Information (Please check appropriate box)

Player resides in Glencoe High School District: Yes No

Player will be in 3rd-8th Grade in 2010-11 school year: Yes No

Note: If you're not sure of your school district, call 648-9123.

Player Information (Please Print)

Player Name _____

Age _____ School (9/09) _____ Yrs. Played _____ Wt.: _____

Parent/Guardian: _____ Home Phone: _____ Day Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Player Contract

I hereby agree and contract, in consideration of acceptance of this application, to fully comply with the Constitution, Bylaws, Rules and Regulations of the *Glencoe Community Football League*, and in consideration of the acceptance of the undersigned as an athlete in *Glencoe Community Football*, the undersigned being familiar with the methods of conducting the sport, and the risk of physical injury attendant therewith, do hereby waive, relinquish, and release any and all right to claim to damages which may be sustained in the connection with or as a result of engaging as an athlete in *Glencoe Community Football* activities. This release applies to the *Glencoe Community Football League*, its Commissioners, Officers, and to the Sponsors and their employees associated with the *League* and its teams.

Signature of Player _____ Date _____

Parent/Guardian Contract

With full understanding of the above contract, I request that my child or ward be permitted to take part in *Glencoe Community Football* as a member of the league. I will not hold its Commissioners, Officers, Agencies or their employees liable for injuries or medical care resulting therefrom and do hereby authorize and grant those persons permission to administer or obtain services they should deem as proper response to any injury or emergency. It is further agreed that all uniform and football equipment issued to my child or ward will be returned to the *Glencoe Community Football League Commissioner* within two (2) days of such requests. I will pay for the costs of replacement items if the equipment is lost or stolen (approximate cost \$250.)

Signature of Parent or Guardian _____ Date _____

Emergency Medical Authorization

I, as Parent/Guardian of said candidate minor, do hereby authorize the said association to act as agent for me to consent and to obtain Medical, Dental Treatment, and/or examination for said minor in case of illness or injury occurring from participation in any activities of the association and/or League. I do hereby consent to any x-ray, examination, anesthesia, medical or surgical, or dental treatment that is considered necessary by the attending physician or dentist. I understand that in an emergency, reasonable efforts will be made to notify me.

Signature of Parent or Guardian _____ Date _____

Family Physician & Phone Number _____

Volunteers Needed!

A tremendous need exists for Parent volunteers. Please check areas of interest:

Coaching

Equipment Prep

Field Help

Equipment Distribution

Registration

