

TIFI FOOTBALL CAMP (HOSTED BY FCA) REGISTRATION FORM

Emergency Medical Release and Liability Waiver

Please attach your \$40 check made payable to your TIFI Booster Club

Participant's Name _____ Shirt Size _____

TIFI Club/Organization _____ Team Level (circle) FR SOPH JR SR

Address _____ City _____ Zip _____

Date of Birth _____ Age as of Sept 1 _____ Grade Oct 2010 _____

Phone _____ Alt Phone _____ Email _____

Emergency Information *In the event of an emergency, please contact the following:*

Name _____ Phone _____ Alt Phone _____

Name _____ Phone _____ Alt Phone _____

Allergies _____

Other Medical Conditions _____

Physician _____ Phone _____

Medical/Hospital Insurance Company _____

Policy Holder's Name _____ Policy Number _____

THIS AUTORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE A PLAYER BEGINS PARTICIPATION. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I, the undersigned applicant/participant, acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and sever social and economic losses which might result not only from their own actions, inactions, or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Texas Intercity Football Inc or FCA, its affiliated organizations and sponsors, their coaches, managers, and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. I hereby give my consent to have an athletic trainer, coach, and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner.

Parent Signature

Printed Name

Date