

**11 & 12 Year Old  
WILLISTON YOUTH FOOTBALL  
REGISTRATION AUGUST 1 to 19**

**THERE WILL BE TRAVEL TEAMS ONLY  
PARENTS WILL BE RESPONSIBLE FOR PROVIDING  
TRANSPORTATION FOR THEIR CHILD TO/FROM ALL GAMES  
ALL GAMES ON TUESDAY NIGHT PLAYED  
AFTER THE 9 & 10 YEAR OLDS GAME**

- ◇ 11 & 12 (you cannot be 13 before September 2nd).
- ◇ **You must have a copy of your birth certificate to register if you did not play last year.**
- ◇ Registrations will be taken at Town Hall.
- ◇ You must furnish your own football pants, football pant pads and practice jersey.
- ◇ All players, coaches, and parents meet Tuesday, August 19, 2014 at Town Park Field at 6PM.
- ◇ **Any questions, contact Recreation Director, James Hewitt, at 803-300-0285.**
- ◇ Fee: \$25.00

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**AGES 11 & 12  
REGISTRATION FORM**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ on September 1

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

**PARENTIAL AUTHORIZATION**

I, parent or guardian of the above candidate for a position in above mentioned football program, hereby give approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and persons transporting the player to and from activities, from any claim arising out of an injury to the player. I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment. The above listed insurance will be the primary carrier should any injury occur. If no insurance is listed, I will personally be responsible for any and all medical costs.

I agree to return upon request the uniforms and other equipment issued to the player in as good a condition as when received, except for normal wear and tear. If equipment is damaged beyond reasonable usage, I agree to play for the replacement of such equipment less normal depreciation, if applicable.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

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**TO BE COMPLETED BY TOWN CLERK:**

FEE PAID: CHECK: \_\_\_\_\_ CASH: \_\_\_\_\_ DATE: \_\_\_\_\_