

# Goddard Lions – Junior Football



## 2010 Registration Form

Please complete the entire form. One child per form. Child's parent or legal guardian must sign this form

**Fees: \$125.00 for Registration & Annual Equipment Rental**  
**\$55.00 for Personal Team Jersey (Child keeps Jersey at end of season)**  
**\$180.00 Total**

Please make Checks payable to: **Lions Junior Football**

Child's Birth Age as Male /  
Name: \_\_\_\_\_ Date: \_\_\_\_\_ of 9/1/10: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Home  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Special Health Concern: \_\_\_\_\_

### Player and Parent / Guardian Waiver, Release and Medical Authorization

I understand that Football is an extreme test of my child's physical and mental limits. This sport carries with it the potential for serious injury, death and property loss. I agree to assume all the risk of my child's participation in Goddard Lions Junior Football. I agree to the following for my family, my child and myself:

1. I waive, release and discharge from any and all claims or liabilities for personal injury, for death or damages of any kind which may arise out of or relate to my child's and families participation in Goddard Lion Junior Football, the following persons and entities: Goddard Lion Junior Football, Mid State Junior Football, its administrators, employees, coaches, instructors, parents, players, the City of Goddard, and USD#265.
2. I agree not to file suit or bring any legal action against any of the persons and entities listed in (1) above for any claims or liabilities I might incur.
3. I indemnify and hold harmless the persons and entities mentioned in (1) above from any claims made or liabilities assessed against them as a result of any of my actions.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical facility to treat my child listed above for the purpose of attempting to treat or relieve any injuries arising out of or relating to my child's participation in Goddard Lion Junior Football activities. I authorize any such medical provider to perform all procedures deemed medically prudent in the treatment of my child. I consent to the administration of anesthesia as deemed advisable. I assume all the risk and responsibility for the treatment of my child. I am responsible for any and all costs associated with Medical Treatment. Parent Initial: \_\_\_\_\_

**I confirm that my child lives in the Goddard School District USD #265 for the 2010 – 2011 school year.**

**Child's School Grade as of 9/1/10 \_\_\_\_\_**

**I am interested in Coaching or Volunteering to Help (circle one) YES or NO**

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Information: Kirk Swetka @ 316-841-4465 or Aaron Radford @ 316-461-2831 or e-mail  
[goddardjrfootball@cox.net](mailto:goddardjrfootball@cox.net) or visit our Web Site [www.goddardkansas.org/jr\\_football](http://www.goddardkansas.org/jr_football)