



Big Foot Ball & Glove 2012 Registration Form



Player Information

Last Name _____
 First Name _____ Middle Initial _____
 Address _____
 City _____ State _____ Zip _____

Gender Male Female
 Birth date ____/____/____ 2011 Grade ____
 Boys Age as of 5/1/12 ____ Girls as of 8/1/12 ____
 School Fontana Sharon Reek
 Walworth

Home Phone _____

T-Shirt Size YS YM YL AS AM AL AXL

B8U____B10U____B12U____B14U____
 G8U____G10U____G12U____G15U____

Please indicate any physical limitations (allergies, hearing, sight, etc.) or any additional health problems:

Head of Household Parent/Guardian Information

Last Name _____
 First Name _____ Middle Initial _____
 Daytime Phone _____
 Alternate Phone _____

Father Mother Guardian

Occupation _____

Email Address _____

Waiver and Release

Please read this form carefully and understand that by registering your minor child/ward for participation in the Big Foot Ball & Glove Youth Baseball & Softball Program (hereafter known as "BFB&G"), you will waive and release all claims for injuries you or your child/ward might sustain arising out of the program.

RISK OF INJURY

"I recognize and acknowledge that there are certain risks of physical injury to participants in the BFB&G and I agree to assume the full risk of any such injuries, damages or losses regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with the BFB&G." "I do hereby fully release and discharge the BFB&G Board of Directors, coaches, volunteer staff, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the BFB&G."

MEDICAL ASSISTANCE

"In my absence, I authorize the coaches or other BFB&G personnel to use their judgment concerning medical care in case of emergency, illness, or injury of my child/ward during BFB&G activities."

Parent/Guardian Signature _____

MODEL RELEASE

"I understand that the BFB&G may photograph, record audio, or record video of my child while participating in this program. I permit these photographs or recordings take place and I permit the BFB&G to use these photographs or recordings for publication as deemed necessary."

UNIFORM/EQUIPMENT

"I agree to return upon request, any equipment and/or supplies issued. I will return these items in as good condition as when it was received (except for normal wear and tear) or I will pay to replace the item(s). I understand that failure to return any portion of the items and/or equipment will result in a reasonable reimbursement fee."

I have read and fully understand the waiver and release above. I agree to its terms and conditions.

Date _____

League Participation Fee:

Make Checks Payable & Mail To: **Big Foot Ball & Glove**
 P.O. Box 127
 Walworth, WI 53184

League Fee: _____ Total Fee: _____

Method of Payment: Cash _____ Check # _____

*The Big Foot Recreation District does not administer this program. The BFRD office serves as a "community hub" for youth sports organizations support and assist with distribution and collection of form and information. For more information, Tony Greco at (815) 482-9989.

