

SENECA EAGLES, INC. YOUTH FOOTBALL ORGANIZATION

P.O. Box 2425, Vincentown, NJ 08088

E-mail: senecagoldeneagles@comcast.net

Please Print and fill out all sections

Participant Name: _____ Have you played with the Seneca Eagles Before? ____
Address: _____ Home Phone : _____
Town: _____ E-Mail Address: _____
Birth Date: ___/___/___ Age: _____ Current Grade: _____ WT: _____ M ___ F ___
Father's Name: _____ Mother's Name: _____
Father's Work #: _____ Mother's Work Number: _____

MEDICAL RELEASE INFORMATION

Injuries are inherent to sports, therefore, in the event of an injury, I hereby release the Seneca Eagles, Inc., (hereinafter Seneca Eagles) its officers, employees, directors, members, league and league officials, and Seneca Eagles volunteers, as well as all sponsors from all liability, I also understand that primary medical insurance is my responsibility and that any insurance the Seneca Eagles may carry will be secondary. If I am not present for a team-related activity, I hereby give permission for any and all medical attention necessary to my child in the event of an accident, injury, sickness, etc., under the direction of the person(s) checked by me below until such time as I may be contacted.

Coach _____ Assistant Coach _____ League Representative _____

Insurance Information:

Insurance Company: _____ Policy Number: _____
Physician: _____ Phone Number: _____ Address: _____
Emergency Contact: _____ Phone Number: _____
Known Allergies or Medical Conditions: _____

PERMISSION FOR MINORS: As the lawful parent/guardian of the above named child, I have read, completed, and understood this form and give my permission for him/her to participate in this activity. Further, the equipment provided is the property of Seneca Eagles, Inc. and must be returned at the end of the season in good condition. Any equipment not returned or returned in poor condition will result in additional charges.

REFUND POLICY: Refund of Registration fee: No refund shall be given once a player has received their yearly equipment (in full) and played in the opening nights training camp practice. Refunds will be given based on the following reasons: Medical, movement of family to another town outside the organization or personal, (to be reviewed by the Executive Board).

Signature (Parent/Guardian) _____ Date: _____

Volunteer Information:

As you well imagine, it takes a very large group effort to run our program. In order to allow our program to continue, we need your help.

Coach _____ Assistant Coach _____ Fields and Grounds _____ Snack Stand _____
Publicity _____ Sponsorships _____ Fund Raising _____

Organization Use Only:

Registration Fee \$ _____ Check Number: _____ Received by: _____ Date: _____