



Oconto Falls Panther Youth Football

Registration Form



Please Print Clearly

Player's Name _____ Grade in Fall of 2020 _____

Both Parent's Names _____

Preferred Mailing Address _____

Preferred Phone # _____ Siblings names _____

Preferred email address _____

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Waiver of Liability:

I understand that football is a contact sport and that injuries can occur. My child has permission to participate in Oconto Falls Panther Youth Football. **I certify that my child is healthy and can participate in all football activities, practices, and games without restrictions.** In the event of illness or injury, I give my consent for medical treatment and permission to the attending physician to secure proper treatment. I will be responsible for any medical and other charges. The undersigned agrees to indemnify and forever save harmless Oconto Falls Panther Youth Football, Oconto Falls School District, and its agents from any and all claims arising from games, practices, use of facilities, and football activities.

Parent Signature _____ Date _____

Insurance Company _____ Policy # _____