



Big Foot Ball & Glove 2016 Registration Form



Player Information

Last Name _____

First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Main Contact Phone _____

Gender Male Female

Birth date ____/____/____ 2016 Grade _____

Boys Age as of 5/1/16 ____ Girls as of 8/1/16 ____

School Fontana Sharon Reek

Walworth Other _____

T-Shirt Size YS YM YL AS AM AL AXL

CP _____ TB _____

B8U _____ B10U _____ B12U _____ B14U _____ L _____

G10U _____ G12U _____ G14U _____

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: _____

Emergency 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 _____

Date _____

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.

League Participation Fee:

Make Checks Payable & Mail To:

Big Foot Ball & Glove
P.O. Box 127
Walworth, WI 53184

League Fee: _____ Total Fee: _____

TB-CP-B8U = \$30.00

B10/B12U- G10/G12/G14U = \$50.00

B14U = \$75.00

LEGION = \$125.00

\$125 Family Max, **Excluding Legion**

Method of Payment: Cash _____ Check # _____