

CHRISTIAN FELLOWSHIP LEAGUE 2018

Player Name _____ Phone# _____ Grade _____

Address _____

Parents Name _____ Jersey size: Youth _____ Adult _____

Would you consider coaching? Yes _____ No _____ Circle: Male Female

Functions and Activities

I understand that participating in programs, recreation and other activities of **CFL** is a privilege. Prior to my participating in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity related accidents, physical injury, due to transportation related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of liability

By signing this permission and waiver form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities.

Medical Release

Do you have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions? No _____ Yes _____

If yes, please state problems _____

I, the undersigned, hereby authorize the children's coach or other CFL acting in capacity of activity supervisors, as my agents to consent to medical, surgical, dental examination or are at any hospital.

Signature of Parent: _____

Church your family attends: _____

E-mail: _____

League Fees: \$80

K4/K5 \$25

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