

HOUSTON SELECT FOOTBALL LEAGUE

MEDICAL RELEASE/LIABILITY WAIVER AND PARENTAL AUTHORIZATION

Child's Name: _____ **Age:** _____ **Date of Birth:** _____

Address: _____ **City/Zip Code:** _____

School Attending this Fall: _____ **Grade:** _____

Name and Age Division of Team: _____

Father's/Legal Guardian Name: _____ **Mother's/Legal Guardian Name:** _____

Home Phone #: () _____ **Home Phone #:** () _____

Cell Phone #: () _____ **Cell Phone #:** () _____

E-Mail Address: _____ **E-Mail Address:** _____

As Parents/Guardian of the above-mentioned child, I hereby give my approval for participation in any and all "Houston Select Football League" (herein called HSFL) activities during the current season.

I hereby waive, release, indemnify, and agree to forever hold harmless the HSFL; Sponsors, Directors, Coaches, Participants and other HSFL officials from responsibility including but not limited to any injuries to my child, and/or myself, while participating in any and all HSFL activities. Furthermore, I will inform any guests and/or family members that they are entering any and all HSFL activities at their own risk.

I give my permission for the HSFL and their designated officials to seek such medical assistance as required in the event of injury to my child while participating in any HSFL activity. I will provide a copy of the child's birth certificate and a current photograph to the HSFL for identification and insurance purposes prior to the season commencing.

I do hereby consent to my child's addition to the division indicated above, registered with the Houston Select Football League for the HSFL spring season.

*I hereby authorize the faculty of _____ **Middle School** to release information to league officials that will allow the league to verify the birth date and grade level of my child.*

I understand that my child's participation within the Houston Select Football League shall be restricted, by rule, to one team until my child is released by the head coach of the team with the appropriate release documentation or until this season concludes (whichever occurs first). I understand that once released from one team, my child cannot return to that team for the remainder of the current season. I also understand that my child's participation with any other team of the same age within a HSFL sanctioned event while still a member of the original team, would be a rule violation, and that both my child and the team in violation would be subject to disqualification and suspension. I understand that the HSFL rules, policies, and procedures are available upon request.

I also lawfully grant the HSFL permission to display Photos & Videos of my child/children, etc. for positive and favorable purposes. I understand that photos and videos may be used on the website of the HSFL. Photos/Videos may also be used with Local Media Advertising, Newspapers, Magazines, and Sports Stations.

The Parent/guardian(s) of the child must sign this form. If there are any special conditions or requirements the head coach or league should be aware of, indicate in writing on the space indicated below.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date