

# ATHLETIC DIVISION

## FOOTBALL REGISTRATION FORM



### FOR OFFICE USE ONLY

#### Insurance:

Amount \$ \_\_\_\_\_

- Cash
- Check # \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_

#### Proof of Residency:

- Driver's license
- Cable bill
- Electric bill
- Gas bill
- Phone bill
- Water bill
- Other \_\_\_\_\_

By: \_\_\_\_\_

Playground \_\_\_\_\_  Male  Female

Participant's weight at registration \_\_\_\_\_

Please read the reverse side of this form for Rules and Regulations

Please **PRINT** all information

Participant's Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Residence phone \_\_\_\_\_

Current Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail (optional) \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Playground and Team played with last year \_\_\_\_\_

Please list any allergies, medical problems or other problems \_\_\_\_\_

- I hereby grant permission for my son/daughter to participate in the Department of Parks and Recreation **TACKLE FOOTBALL PROGRAM** for the Parish of Jefferson, Louisiana.
- I acknowledge that the above named participant is in good health and has no physical defects that strenuous exercise would affect.
- I certify that my son/daughter's name and age are true and correct and that the address listed above is his/her legal residence. I further understand that my child **MUST** reside in the proper playground district or have a valid waiver. *[NOTE: In those districts that share common areas or neutral zones, the participant's original choice will be their proper playground district. It is the responsibility of the parent/guardian to make sure they are in the proper playground district.]*
- I have read and understand the rules printed above and on the back of this form.
- I authorize JPRD to seek and obtain whatever records JPRD might require to determine my/our residency in Jefferson Parish, specifically at the address stated herein or to confirm my/our child's age. The records I/we herewith release include, but are not limited to: birth records, school records and any record with a public utility, or voter registrar. I hereby waive any privilege granted by law against the release of such records, and hereby authorize the custodian or holder of such records to release said record(s) to JPRD, without reservation.
- I/We acknowledge that should any inquiry into residency or date of birth reveal that this registration form has been completed using fraudulent information, or other than the actual birth date, **SAID REVELATION WILL RESULT IN THE IMMEDIATE DISQUALIFICATION OF MY CHILD TO PARTICIPATE IN JPRD PROGRAMS OR ACTIVITIES FOR A PERIOD OF ONE (1) YEAR AND ONE (1) SPORT.**
- In case of an accident or illness, my signature below hereby authorizes a representative of Jefferson Parish Department of Parks and Recreation to use his/her judgment in obtaining immediate medical care.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_