

# S.A.F.L. REGISTRATION FORM

SUBURBAN AMATEUR  
FOOTBALL LEAGUE



FOUNDED 1944

PLEASE SIGN FORM AT ALL 3 X'S

PLAYER PLEASE PRINT FIRMLY AND LEGIBLE TO MAKE MULTIPLE COPIES

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Init \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_

DIVISION PW   
JR.   
SR.

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
List any medical problem or prohibition player has \_\_\_\_\_  
Person to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_  
Doctor to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_  
Parents health and accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the SAFL, its affiliated teams, organizations, and sponsors. Recognizing the possibility of physical injury associated with football, and in consideration for the SAFL accepting the registrant for its football games and activities (the "Games"). I hereby release, discharge and/or otherwise indemnify the SAFL, its affiliated teams, organizations, and facilities utilized for the games, against any claim by or on behalf of the registrant as a result of the registrant's participation in the games and/or being transported to and from the same, which transportation I hereby authorize.

Name \_\_\_\_\_  
Parent/Legal Guardian (please print)

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

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

**X** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Bus. \_\_\_\_\_

## PARENT/GUARDIAN

### CONSENT FOR DISSEMINATION OF STUDENT RECORD TO THIRD PARTY

I give permission for the following third party, (the Suburban Amateur Football League) to receive a copy of the parts the child's student record noted below.

#### REASON FOR RELEASE OF RECORDS

Eligibility to participate in the Suburban Amateur Football League.

PARTS OF RECORD TO BE RELEASED TO BE COMPLETED BY SCHOOL ADMINISTRATION ONLY

I Name

II Date of Birth

III Present Address

IV Last Address (if moved within last 12 months)

V School \_\_\_\_\_ Grade \_\_\_\_\_

VI Name, Address of Parent/Guardian

**X**

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

Date \_\_\_\_\_