

COVINGTON RECREATION DEPARTMENT  
FOOTBALL CONDITIONING CAMP  
BOYS 5-13  
REGISTRATION APPLICATION  
2009

\*\*\*\*\*PLEASE FILL OUT FORM COMPLETELY\*\*\*\*\*  
\*\*\*\*\*PLEASE PRINT\*\*\*\*\*

ATHLETE'S NAME \_\_\_\_\_  
AGE \_\_\_\_\_ BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ T-SHIRT SIZE: YS YM YL YXL ALG AXL  
PARENT'S NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
HOME PHN # \_\_\_\_\_ WORK PHN # \_\_\_\_\_ CELL # \_\_\_\_\_  
EMERGENCY CONTACT NAME & NUMBER: \_\_\_\_\_  
SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_  
MEDICAL PROBLEMS (CIRCLE ONE) YES/NO IF YES, EXPLAIN  
\_\_\_\_\_  
\_\_\_\_\_  
DID YOU PARTICIPATE LAST SEASON (CIRCLE ONE) YES/NO.

**WAIVER LIABILITY**

THE UNDERSIGNED PARENT, INDIVIDUALLY, AND ON BEHALF OF THE MINOR NAMED ABOVE, DO HEREBY RELEASE AND WAIVE ANY RIGHTS AND CAUSES OF ACTION, FOR DAMAGES, OF ANY NATURE, WHAT-SO-EVER, THAT MAY HAVE, OR MAY ARISE AGAINST COVINGTON RECREATION DEPARTMENT SPORTS ADMINISTRATOR, DIRECTORS, AGENTS, COACHES, AND EMPLOYEES, AS A RESULT OF ANY ACCIDENTS OR INJURY INVOLVING THEIR MINOR CHILD, WHILE PARTICIPATING IN ACTIVITIES SPONSORED BY COVINGTON RECREATION DEPARTMENT. FURTHER, THE UNDERSIGNED PARENT, INDIVIDUAL, AND AS THE PARENT OF THE MINOR CHILD ABOVE, DO HEREBY AUTHORIZE THE COVINGTON RECREATION DEPARTMENT AND ITS REPRESENTATIVES, TO SEEK AND AUTHORIZE MEDICAL CARE FOR THEIR MINOR CHILD.

**I HAVE READ THE RELEASE OF LIABILITY AND AGREE TO ABIDE BY THEM**

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
MINOR'S PARENT/GUARDIAN SIGNATURE

**FOR OFFICE USE ONLY**

T-SHIRT ( ) Yes ( ) No SIZE \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_