

OLPS Youth Football Waiver

PLAYERS NAME: _____

PARENTS' NAME: _____ PHONE NUMBER: _____

_____ PHONE NUMBER: _____

ADDRESS: _____

WEIGHT: _____ DATE OF BIRTH (AGE): _____ (____) GRADE: _____

WAIVER: In consideration of my child's participation in the activities of the Prompt Succor Football Program, I do hereby agree to hold free from any and all liability Prompt Succor and its coaches, officers, employees and members, and do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims of damages which I/my child may have or which may hereafter occur to me/my child arising out of or connected with me/my child's participation in any activities of the Prompt Succor Football Program.

I hereby declare myself/my child to be physically sound and able to participate in the activities of the Prompt Succor Football Program.

Signature

Date

Cost: **\$60.00**

Uniform Deposit: **\$50.00***

****Please write separate checks for the registration fee and uniform deposit fee. The uniform deposit will only be cashed if the uniform is not returned by the date set by the coaches.***

Please make checks payable to: **Prompt Succor Home and School**