

TOPSAIL AREA SPRING FOOTBALL LEAGUE

Wednesdays, April 14 – June 2, 2010

6:00 – 7:30 pm

Cost: \$25.00

Location: Kiwanis Park

First Name: _____	Last Name: _____
Address: _____	
City: _____	State: _____ Zip: _____
Age: _____	Circle: Male Female Tshirt Size: <i>circle one</i>
YS YM YL AS AM AL AXL AXXL AXXXL AXXXXL	

Parent or Guardian: _____	Relationship: _____
Address (if different from above): _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Email: _____
Cell Phone: _____	Cell Phone: _____

Emergency Contact Name: _____	Relationship: _____
Home Phone: _____	Cell Phone: _____

SPRING LEAGUE WAIVER

As a Parent or Legal Guardian of _____ or myself as I am above 18 years of age, I hereby give consent for participation in the 2010 Topsail Area Spring Football League. I hereby further waive any and all claims of action that he/she/I might have as a result of any injury sustained from participation. Eastern Pender County Pop Warner Association, Topsail Area Spring Football League, and/or Pender County Schools will not be responsible for accidents or injuries due to his/her/my participation. Furthermore, I authorize limited and available medical treatment as provided by the overseers of the League.

Participant/Parent/Guardian Signature: _____

Date: _____

OFFICIAL USE ONLY

Amount Paid: \$ _____

Cash _____

Check _____

Check # _____

Witnessed By: _____