

**PLAYER INFORMATION**

CHILDS NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FATHERS NAME \_\_\_\_\_  
CITY STATE ZIP \_\_\_\_\_ MOTHERS NAME \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CONTACT EMAIL \_\_\_\_\_  
FATHERS CELL PHONE \_\_\_\_\_ MOTHERS CELL PHONE \_\_\_\_\_

**MEDICAL INFORMATION**

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS \_\_\_\_\_ YES \_\_\_\_\_ NO  
IS YOUR CHILD ON ANY PRESCRIPTION MEDICATION \_\_\_\_\_ YES \_\_\_\_\_ NO  
EXPLAIN CHILDS CONDITION \_\_\_\_\_

**LIABILITY WAIVER & CONSENT (please initial all items )**

\_\_\_\_\_ PURSUANT TO THE RI GENERAL LAWS, I THE PARENT OF THE ABOVE NAME BOY/GIRL HEREBY GIVE MY APPROVAL TO HIS /HER PARTICIPATION IN ANY AND ALL THE ACTIVITIES DURING THE CURRENT SEASON.

\_\_\_\_\_ I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO AND FROM THE ACTIVITIES. I FURTHER HEREBY RELEASE, ABSOLVE, AND HOLD HARMLESS THE CLCF CHIEFS.

\_\_\_\_\_ THE UNDERSIGNED SPECIFICALLY ACKNOWLEDGE THAT A RISK OF INJURY EXISTS AND ASSUME SAID RISK WITH RESPECT TO PARTICIPATION IN ANY SPORTS MATTER SPONSORED BY THE CLCF CHIEFS.

\_\_\_\_\_ I AM AWARE THAT THERE IS A ZERO TOLERANCE POLICY FOR FOUL LANGUAGE AND OR NEGATIVE COMMENTS TOWARDS PLAYERS, COACHES, OFFICIALS AND CLCF STAFF. SANCTIONS INCLUDE GAME SUSPENSION AND POSSIBLE EXPULSION FROM THE LEAGUE WITH NO REFUND.

\_\_\_\_\_ I AM AWARE THAT THERE ARE NO REFUNDS FOR REGISTRATION.

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**LEAGUE USE ONLY**

AGE AS OF 7/31/10 \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ WEIGHT \_\_\_\_\_ LB

FLAG 5&6 JR PEEWEE 7&8 PEEWEE 9&10 JUNIOR VARSITY 11&12 VARSITY 13&14

