

MEADVILLE AREA LITTLE GRIDDERS

P.O. Box 8 * Meadville, PA 16335

Application/ Questionnaire

(Please Print)

Parent's Name(s) _____
Street _____
City _____
Home Phone _____
Participated Last Year? _____
What Team Last Year? _____
Grade during upcoming football season (check one) 5th _____ 6th _____

Participant's Name _____
Nickname _____
Date of Birth _____
Weight _____ Height _____
Position Desired _____
Physician _____

Parents' Consent for Athletic Participation/Release of Claims

We hereby give our consent for our child to participate in the TACKLE FOOTBALL LEAGUE sponsored by the Meadville Area Little Gridders, Inc. **WE FURTHERMORE, RELEASE THE MEADVILLE AREA LITTLE GRIDDERS, INC., ITS OFFICERS, DIRECTORS, COACHES, OFFICIALS, AND ALL OTHER PERSONS AFFILIATED WITH SAID LEAGUE, FROM ANY AND ALL DAMAGES, CLAIMS, CAUSES OF ACTION, AND LIABILITY FOR ANY INJURIES SUSTAINED BY OUR CHILD INCIDENT TO HIS OR HER PARTICIPATION IN SAID PROGRAM, WHETHER DURING PRACTICE, DURING A GAME OR OTHERWISE, AND WE HERBY FURTHER AGREE TO SAVE, INDEMNIFY, AND HOLD HARMLESS THE SAID LEAGUE AND ALL PERSONS AFFILIATED THEREWITH, FROM ANY AND ALL SUCH DAMAGES.**

Insurance coverage for participants will be the responsibility of their parents.

In case of injury, we authorize coaches and/or League Officials to seek immediate medical treatment of our child, as my be prudent or necessary.

We agree to the above, and that all football equipment will be promptly returned at the end of the season.

Father's signature _____ Date _____

Mother's signature _____ Date _____

NOTE TO PARENTS RE: HUNTER SAFTY COURSE

Please arrange Hunter Safety Course such that it does NOT interfere with Saturday games from Sept. 1 through Oct. 12.

Application to Participate in the League

I hereby apply for the privilege of playing in the Meadville Area Little Gridders TACKLE FOOTBALL LEAGUE. If I am extended the privilege to participate, I promise I SHALL:

1. Conduct myself so that I will be a credit to my parents, my community, and the League.
2. Make a serious effort to keep my studies and grades up.
3. Train as advised by the coach.
4. Do my best to exercise good sportsmanship at all times, and be a good example to others.
5. Promptly return all equipment loaned to me by the Little Gridders Organization.

I promise on my word o honor to obey these rules and I expect to be asked to leave the League if I disobey them.

Participant's signature _____ Date _____

This form, the attached Physical Examination Form, and a registration fee of \$30 must be returned to the above address by August 1. Applications accepted on first-come, first-served basis. Limt-150 kids. No application will be turned away because of inability to pay. Please note on application, if appropriate.

Meadville Area Little Girdders PHYSICAL EXAMINATION FORM

_____ Was examined by me and is physically qualified to participate in the Meadville Area Little Gridders TACKLE FOOTBALL PROGRAM.

Physician's Signature _____ Date _____