

Christian Athletic League of America

Football Division

Registration and Parental Consent Form

Please Print Clearly

Player Name _____

Birth Date _____ Spring 2020 Grade Level _____

Address _____

City, State and Zip _____

Player Email Address _____

Parent/Guardian Email Address _____

Home Phone _____ Cell Phone _____

Parent/Guardian Cell Phone _____

Medical Conditions *(Please list any past or current conditions which may affect your child while playing football)*

Emergency contact (relationship) _____

Phone number _____

My child has permission to participate in the activities of the **Christian Athletic League of America**. I (we) agree to take full responsibility for my child's well being and agree not to hold any individual involved with the **Christian Athletic League of America**, including but not limited to directors, officers, staff, coaches, organizers, participants, volunteers and persons transporting players, liable for any harm resulting in participation of any league sanctioned activity.

Parent/Guardian Signature _____

Parent/Guardian Name _____ Date _____