

**2011 Harrison High School Junior Football Program  
Registration Form**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Father Cell Phone \_\_\_\_\_ Mother Cell Phone \_\_\_\_\_  
 Next Year Grade \_\_\_\_\_ Parents/Legal Guardian Father \_\_\_\_\_ Mother \_\_\_\_\_  
 Father Workplace \_\_\_\_\_ Father Work Phone \_\_\_\_\_  
 Mother Workplace \_\_\_\_\_ Mother Work Phone \_\_\_\_\_  
 Father Email Address \_\_\_\_\_ Mother Email Address \_\_\_\_\_  
 Emergency Contact Name and Phone # \_\_\_\_\_  
 Did you play football last season? \_\_\_\_\_ If yes, where \_\_\_\_\_ Position \_\_\_\_\_  
 Is the player a resident of Harrison High School District? \_\_\_\_\_ Yes \_\_\_\_\_ No Current School \_\_\_\_\_  
 Is your son covered by family accident insurance that will cover injuries incurred by youth sports? Yes No  
 Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Permission Medical Release & Waiver of Transportation Liability**

I hereby certify that I have knowledge of my child's physical condition and state of health, and give my consent and permission for my son to engage in the active sports program of the North Georgia Football league and the Harrison High Junior Football Program. I do further certify that my son has no physical defects, disease, or disability that will in any way jeopardize his health or physical condition if he is allowed to take an active part in the program.

I further state that I shall not hold any Person, Firm or Corporation backing any team, nor any of the Coaches of the HHS Jr Football Program, The HHSFBC Inc officers, and the Harrison High School Football Program responsible nor liable for injuries incurred during practice sessions, practice games, regularly scheduled games, or transportation to and from games.

I further certify that by placing my signature on this document I have been served with notification that Harrison High School Football Program and the North Georgia Football Leagues DO NOT CARRY INSURANCE ON MY CHILD. As parent/legal guardian, I am responsible for medical bills incurred while my child participates in activities in the Harrison High School Junior Football Program and the North Georgia Football League.

I further certify that by placing my signature on this document I have given permission to the Harrison High School Junior Football Program to transport my child to a medical facility to secure treatment if deemed necessary at that time.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Treatment**

I hereby give permission for the representation of the Harrison High School Junior Football Program to secure immediate medical treatment for my child \_\_\_\_\_, who is under the age of eighteen (18) years. I further give my permission for a medical facility, or a representative of the Harrison High Junior Football program to provide immediate medical treatment for the above listed child. I understand that medical treatment is authorized in my absence, and that my signature below releases the Medical Facility and the Harrison High School Junior Program and Harrison High School from liability regarding treatment if I cannot be reached. I further understand that I will be considered the responsible party for any charges incurred.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list below any existing medical conditions, allergies and drugs being taken:

\_\_\_\_\_  
 Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**Concession Deposit - A concession deposit of \$150 will be collected upon registration. If you sign in and work all of your assigned times then your concession check will be returned at the end of the season. If you fail to work your scheduled times your check will be cashed immediately unless you have notified a board member in writing and have received a letter back approving your situation.**

**Spring Refund policy** - An administrative fee of \$50 will be deducted from any refunds after registration has been completed. **No refunds will be given after April 25, 2011.** All equipment must be turned in prior to a refund being given.

**Fall Refund policy** - If you have already paid and are requesting a refund on or before August 1, 2011, then you are entitled to a full refund less an administrative fee of \$50. **No refunds will be given after August 1, 2011.**

There is a \$30.00 return check fee.