

**2009 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 two days of scheduled practice has taken place. 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, 2009 then you are entitled to a full refund less an administrative fee of \$50. If you have paid and are requesting a refund after August 1, 2009 but before August 19, 2009 you are entitled to a refund of no more than \$150 per participant. After August 19, 2009 no refunds will be given. All equipment must be turned in prior to a refund being given.

There is a \$30.00 return check fee.