

Metro Youth Football/Cheerleading Permission/ Release Form

ORGANIZATION NAME:

Peotone Blue Demons Youth Football and Cheerleading Program

PARTICIPANT NAME: _____

CITY, STATE, ZIP: _____

PHONE: _____ JERSEY NO: _____

AGE: _____ SCHOOL: _____ GRADE: _____

IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY AS A MEMBER OF ONE OF THE FOOTBALL TEAMS TO BE ENTERED IN THE METRO YOUTH FOOTBALL LEAGUE BEING CONDUCTED BY THE ORGANIZATION NAMED ABOVE. I DO HEREBY OR MYSELF, MY HEIRS DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHICH I MAY HAVE OR WHICH HEREAFTER OCCUR TO ME AGAINST THE METRO FOOTBALL LEAGUE—OR ORGANIZATION NAMES ABOVE, THE SPONSORS, THE ADMINISTRATORS OF THE PLAYING FIELD, OR ALL THEIR RESPECTIVE OFFICERS, AGENTS OR REPRESENTATIVES, SUCCESSORS AND / OR ARISING OUT OF MY TRAVELING TO PARTICIPATING IN AND RETURN FROM SAID METRO YOUTH FOOTBALL LEAGUE GAMES, PRACTICES OR EXHIBITIONS CONDUCTED DURING THE SEASON.

ARE YOU NOW, OR HAVE EVER BEEN, AFFILIATED WITH ANY OTHER FOOTBALL ORGANIZATION? YES _____ NO _____

IF YES, NAME ORGANIZATION _____

PLAYER/CHEERLEADING SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

DATE: _____

WITNESS: _____