



## 2014 SEASIDE KIDS FOOTBALL REGISTRATION

FOOTBALL CAMP AUGUST 12/13/14 (REGISTER FOR CAMP AT  
[WWW.SEASIDEFOOTBALL.COM/YOUTH-FOOTBALL-INFO.HTML](http://WWW.SEASIDEFOOTBALL.COM/YOUTH-FOOTBALL-INFO.HTML))

SEASON BEGINS AUGUST 19TH AND CONCLUDES IN LATE  
OCTOBER

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PLAYER NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_  
PARENT NAME \_\_\_\_\_ GRADE NEXT FALL \_\_\_\_\_  
DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

**INSURANCE INFORMATION** (SKI WILL COVER INSURANCE COST IF YOU ARE UNINSURED,  
PLEASE BE CERTAIN TO SIGN WAIVER)

I HAVE INSURANCE WITH \_\_\_\_\_ (NAME OF COMPANY)  
POLICY OR ID # \_\_\_\_\_ GROUP # \_\_\_\_\_

### **CONSENT FOR MEDICAL CARE & TREATMENT**

PLEASE NOTIFY THE UNDERSIGNED PARENT OR GUARDIAN AS NOTED BELOW IN CASE OF AN  
ACCIDENT, SERIOUS ILLNESS OR OTHER EMERGENCY.

IN THE EVENT YOU ARE UNABLE TO NOTIFY ME, I HEREBY AUTHORIZE MEDICAL PERSONNEL TO  
SECURE WHATEVER MEDICAL OR SURGICAL CARE IS DEEMED REASONABLY NECESSARY. ALSO,  
THE UNDERSIGNED FURTHER AGREES TO GUARANTEE PAYMENT THEREFORE.

NAME OF FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ALLERGIES OR SPECIAL MEDICAL CONDITIONS \_\_\_\_\_

EMERGENCY CONTACT IN CASE YOU CANNOT BE REACHED:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY**

**IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE SEASIDE KIDS, INC. FOOTBALL PROGRAM, THE UNDERSIGNED ACKNOWLEDGES AND FULLY UNDERSTANDS THAT EACH PARTICIPANT WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH. FURTHER, THERE MAY BE OTHER RISKS NOT KNOWN TO US OR NOT REASONABLY FORESEEABLE AT THIS TIME. THE UNDERSIGNED AGREES TO ASSUME ALL OF THE FINANCIAL OBLIGATIONS FOLLOWING SUCH INJURY, DISABILITY, OR DEATH. THE UNDERSIGNED RELEASES AND AGREES NOT TO SUE SEASIDE KIDS, INC., THEIR COACHES, AND DIRECTORS FROM ALL LIABILITY.**

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE AND AGREE TO THE TERMS OUTLINED. I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING THE RELEASE AND HAVE SIGNED IT VOLUNTARILY.**

**PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**PRINTED NAME \_\_\_\_\_**

**PLEASE RETURN FORMS AS QUICKLY AS POSSIBLE TO EITHER YOUR STUDENT'S RESPECTIVE SCHOOL, SEASIDE HIGH SCHOOL, OR TO JASON KRAUSHAAR. IF YOU HAVE ANY QUESTIONS PLEASE CALL JASON KRAUSHAAR AT 503-739-6043 OR EMAIL HIM AT JASONKRAUSHAAR@GMAIL.COM OR JEFF ROBERTS AT 503-738-5586 OR EMAIL HIM AT JROBERTS@SEASIDE.K12.OR.US.**