

Avery Parks and Rec.



Jr. Viking Football 2016

NAME: _____ GENDER: M / F HOME PHONE # _____

FATHER'S NAME: _____

PHONE: (H) _____ (W) _____ (C) _____

MOTHER'S NAME: _____

PHONE: (H) _____ (W) _____ (C) _____

CHILD'S MAILING ADDRESS: _____

City _____ State _____ ZIP: 28 _____

SCHOOL DISTRICT CHILD LIVES IN: _____ SCHOOL CHILD ATTENDS: _____

CHILD'S DATE OF BIRTH: ____ / ____ / ____ CHILD'S AGE AS OF 8/1/16 _____

CHILD'S APPROXIMATE HEIGHT: _____ CHILD'S APPROXIMATE WEIGHT: _____

Jersey Size: YS, YM, YL, AS, AM, AL, AXL

Medical Concerns or Conditions

Waiver of Liability

I, as a parent, legal guardian give my consent for my child to participate in the Avery Parks and Rec. youth football program. I hereby, release the camp instructors, all sponsors of the camp, volunteer counselors, and the Avery Parks and Recreation Department whose gym is being used, from liability for any injury that the participant might sustain while engaged in the camp.

Signature of Parent/Legal Guardian

Date

Make Check to: Avery County Parks and Recreation

Mail to: Avery County Parks and Recreation, P.O. Box 883, Newland, NC 28657