

## **BVCHEA Mustang Six-Man Football Registration Form**

(Please Print)

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant's Grade for  year: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Emergency Contact Information:**

Parent/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(Please Print)

Work Phone (Mother): \_\_\_\_\_ Work Phone (Father): \_\_\_\_\_

Cell Phone (Mother): \_\_\_\_\_ Cell Phone (Father): \_\_\_\_\_

### **Emergency Contact other than above:**

Name: \_\_\_\_\_ Relation to Participant:: \_\_\_\_\_

(Please Print)

Home Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list any health problems that may be significant to a physician evaluating your child in an emergency, any allergies to medications, etc., and any medications currently taken (including inhaler):

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### **Health Insurance Information:**

Name of Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

**\*Please attach a photo copy of your Health Insurance card for emergency treatment, if needed.**

**PLEASE READ THIS PARENTAL CONSENT, WAIVER OF LIABILITY, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND PHOTO RELEASE CAREFULLY AND ACKNOWLEDGE YOUR AGREEMENT AND UNDERSTANDING BY SIGNING BELOW.**

**A. Permission to Participate and for Medical Treatment**

I, the undersigned, hereby give permission for my child named below to participate in the BVCHEA Mustang six-man football program (“the Program”) for the  football season. My child is in good physical condition, and I have not been made aware of any medical or physical condition that would prevent his participation in this Program. In the event of injury or illness and I cannot be immediately contacted, I hereby grant permission for any and all emergency medical treatment and/or first aid to be administered to my child, including transportation to a nearby emergency medical facility/hospital and further authorize such medical treatment to be administered as deemed necessary by the medical staff, including surgery. I understand and agree that BVCHEA, its officers, directors, coaches, volunteers and other members assume no financial obligations or liability for the immediate medical treatment that they provide to or for my child.

I understand that the insurance, which is carried by the team, is secondary to whatever coverage we have. In the event of a claim, I agree to submit the claim to our insurance company. If no insurance coverage exists, the insurance coverage provided through BVCHEA becomes the primary coverage. Furthermore, I agree to notify in writing my head coach and BVCHEA of any medical claim as soon as reasonably possible.

**B. Assumption of Risk:**

I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football may result in SERIOUS INJURIES, PARALYSIS, and PERMANENT DISABILITY AND/OR DEATH. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injury. Knowing the risk, nevertheless, I hereby agree to assume those risks on behalf of me and the child named below. I hereby specifically ASSUME FULL RESPONSIBILITY FOR ALL RISK OF LOSS OR ANY INJURY occurring during the course of my child’s participation in the Program.

**C. Waiver of Liability, Indemnification, and Hold Harmless Agreement.**

In consideration for permitting my child to participate in the Program, I voluntarily agree, for myself, my child/ward, my heirs, assigns, executors, administrators, representatives and next of kin, TO RELEASE, INDEMNIFY, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE BVCHEA, Inc., its officers, directors, coaches, agents, volunteers, members and other participants, all of which are hereinafter referred to as “Releasees”, from any and all claims, demands, losses or damages on account of injury, including death, and damage to property caused or alleged to be caused in whole or in part by the negligence of the Releasees or for any other cause to the full extent permitted by the laws of the State of Texas. It is further agreed that if any portion, word, term, phrase, clause or paragraph of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**D. Photo Release:**

Further, I agree to allow the use of my image and/or that of my child, which may be captured through video, photo, digital camera or other media, free of charge, for BVCHEA’s promotional materials and publications.

By my signature below, I acknowledge that I have read this document and understand and agree to its terms.

**Child’s Name:** \_\_\_\_\_  
(Please Print)

**Parent’s / Guardian’s Name:** \_\_\_\_\_  
(Please Print)

**Parent’s / Guardian’s Signature:** \_\_\_\_\_