

WAIVER TO PLAY UP

Player's Name: _____

Date of Birth: ____/____/____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone:(Home) _____ (Cell/other) _____

Phone:(Work) _____

PRINT LEGIBLY:

E-MAIL

_____ @ _____

Team Name: The Desoto Tigers Division: _____

Parent/Guardian Name: _____

WAIVER/EXCLUSION CLAUSE: I, the undersigned parent/guardian, in enrolling with City of DeSoto Youth Football League, understand that my child will participate in football or cheerleader with other kids. The City of DeSoto Youth Football League, and its coaches, shall not be liable for any damage whatsoever arising from any personal injury. Participants and parents assume full responsibility for all injuries and damages which may occur in upcoming season. In addition, he/she/I agree(s) to follow the rules of play and conduct set by City of DeSoto. He/she/I understand(s) that a failure to do so may result in suspension from the league participation. **If a player / cheerleader participate with an older "age group" he/she may not move down doing the season.**

CONSENT: I, the undersigned parent or/guardian of/ participant verify that they are in good health and I assume the health responsibility for the participant and do hereby grant authority to the staff of City of DeSoto Youth Football League to render judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Parent/Guardian Signature:

Signed _____

Date _____