Area_____ **Team**_____ **Division**___

PEE WEE FOOTBALL LEAGUE - REGISTRATION FORM

PLEASE PRINT FIRST NAME, THEN FATHER'S LAST NAME ONLY - ONE LETTER IN EACH SQUARE

PARENTAL CONSENT: As a parent or guardian of the applicant I give consent to him/her to participate in practice sessions and games of the Pee Wee Football League of Puerto Rico, for the 2010 season.

DISCLAIMER: Participation as a player in the Football program of the "League", is wholly voluntary. Football is a contact sport requiring strenuous physical activity, in which injuries occasionally occur despite the use of modern protective equipment and rule designed to reduce the incidence of such injuries. Therefore, each participant assumes the risk of injury, and the League its directors, members, officers, agents, and volunteer personnel make no warranties or representations whatsoever with regard to the incidence or absence of injuries arising from or related to the League's football program. Accordingly, neither the League nor its directors, members, agents or volunteer personnel assume responsibility and liability for damages that may or that actually do results from any such injuries. The League has in effect a limited insurance policy covering all of its registered players for medical/hospital expense (subject to deductible and limitations, if any) related to and resulting from any injury sustained in this football program. Said policy is available for examination upon request dully made to the League Registrar.

RELEASE AND WAIVER: I have read and understood the foregoing DISCLAIMER. In recognition and acknowledgment thereof, I hereby assume all risks with regard to the minor and his/her participation in the league's football program. I further release and shall hold the League, its directors, members, officers, agents and volunteer personnel harmless from any and all liability in connection with a football related injury to said minor, and forever do expressly waive the right to seek redress from, or institute legal proceedings against them, individually or collectively for any football injury-related cause of action.

PLAYER'S SIGNATURE _____ DATE ____/____/____

PARENT'S SIGNATURE _____ DATE ____/____/____

PARENTAL PERMISSION

I hereby authorize the representative of the PEE WEE FOOTBALL LEAGUE OF PUERTO RICO, INC. to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the League from any and all liability incurred due to accidental injuries sustained while participating in League activities.

PARENT OR GUARDIAN'S SIGNATURE _____ **Date** _____

YOUR CHILD WILL NOT BE ADMITTED TO PRACTICE WITHOUT THE BELOW INSURANCE FACTS COMPLETED IN FULL.

INSURANCE INFORMATION. - ALL NEW PLAYERS WILL NOT BE COVERED BY THE INSURANCE UNTIL DECEMBER 1ST, 2009.

Pee Wee Football de Puerto Rico, Inc. provides accident insurance coverage for all participants in League activities. This coverage is provided on an excess only; in other words, benefits payable under your own and or family's insurance plans or pre-paid health plans must be utilized first. If your family has no medical coverage in force, either personally or through a parent's or guardian's employer at this time our policy will provide coverage. The intent is to provide adequate coverage without duplicating payments. You must list below the information requested regarding all your and/or your family's present medical insurance coverage.

Insurance Company _____ , Policy No. _____

If you have no medical insurance or pre-paid health coverage in force at this time, please sign the following statement.

❑ At the present time my son is not covered by any type of medical insurance or pre-paid health plan.

❑ I authorize the League to use my mailing address to send information concerning football camps and/or football related material.

❑ I authorize the League to use my child's photo for promotional purposes.

SIGN IF YOU UNDERSTAND THE ABOVE STATEMENTS. PARENT'S SIGNATURE _____