

Gayville-Volin 7 on 7 Flag FOOTBALL

Fall 2019 Player Registration

3rd – 6th Grade Youth Participants

Fall Grade in 2019

Registration Fee -- \$25.00

Deadline for registration is Aug. 30th

Register by Mail:

Gayville Volin Football

Attn: Justin Karstens

PO Box 158

Gayville, SD 57031

Register in Person:

Gayville-Volin School

Contact: Justin Karstens or Jason Selchert

Player Information

First Name _____ Last Name _____ Date of Birth _____ Grade (fall 2019) _____
Players Shirt Size (circle one): YM YL YXL AS AM AL AXL

Parent / Legal Guardian Information

Name(s) _____ Phone (H) _____ (C) _____

Address _____ City _____ State: _____ Zip: _____

Parent / Guardian Email _____

I would like to volunteer to help as Coach _____ Asst. Coach _____
Name _____ Phone # _____

CONSENT FOR TREATMENT

My child is in good physical condition and has not had any illness or conditions since his last health examination. The following health condition or concern for my child should be known by coaches, referees or program staff;

I, _____, parent or legal guardian of, _____, hereby grant permission to the bearers of this release, the permission to seek medical attention for the above named child. I accept full responsibility for all medical expenses.

Insurance company & policy # _____

Signature of Parent / Legal Guardian X _____ Date _____

RELEASE OF LIABILITY FOR MINOR PARTICIPANT -- READ BEFORE SIGNING

(This is a legally binding contract) I,

the undersigned:

In consideration of the permission granted by the Gayville-Volin Football Program, to our child to participate in the Gayville-Volin Football Flag Football League in the Year of 2019, I the undersigned parent or legal guardian, as releaser, on behalf of himself/herself, their spouse, their dependents, legal representatives, heirs and assigns, hereby releases the Gayville-Volin School District, their spouses, coaches, referees, support persons, agents, and employees from all liability, claims, damages, actions, or causes of actions (for any and all injuries, even injuries that may result in death or disability) whether caused by negligence or other wise during participation in or travel to or from Gayville-Volin Football activities. The undersigned further recognizes that the coaches and support personnel are volunteers and may not have received training in connection with their activities or other functions in the Gayville-Volin Football Program. The undersigned agrees to indemnify the GAYville-Volin School District and the Gayville-Volin Football Program, from any and all loss, damage or cost incurred, including attorney fees, as a result of any legal action against the Gayville-Volin School District, the Gayville-Volin Football Board or the City of Gayville.

Releaser hereby assumes full responsibility for the risk of injury, death or property damage while participating in or traveling to and from Gayville-Volin Football activities.

Releaser expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of South Dakota and is in addition to SDCL 47-23-29 which statute grants immunity to volunteers of a non-profit Corporation.

I HAVE FULLY READ THIS RELEASE OF LIABILITY AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Dated this _____ day of _____, 2019

X_____

Full written signature of parent or legal guardian