Johnstown – Milliken Little League Football Registration Form

Player Name:		Grade:	
Parent/Guardian:		School:	
Address:	City:	State:	Zip:
Home Phone Father:	Work Phone Father:		
Home Phone Mother:	Work Phone Mother:		
In an emergency, if parents cannot be contacted, please contact:	Name:	Phone:	

Insurance Coverage

I understand my child cannot participate in Little League Football unless covered by a family insurance plan or 24-hour school accident coverage plan.

Name of Insurance Company:		
Preferred Hospital:		**If none listed nearest will be used.**
Known Allergies:		
Family Doctor:		Doctor Phone:
A Physician and/or coach may apply first aid treatment until the family doctor or parents can be contacted	☐ Yes	☐ No
We give consent for coaches or league officials to use their own judgment in obtaining medical aid and ambulance service in case parents cannot be reached:	☐ Yes	☐ No

Liability Release

I approve of my child's participation in Little League Football and certify that he or she is in good health and able to participate in all activities. Please be advised that coaches, organizers, School District RE-5J, Towns of Johnstown or Milliken will not be held liable for any accidents that may occur.

BY ITS NATURE, PARTICIPATION IN LITTLE LEAGUE FOOTBALL INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC. Although serious injuries are not common in Little League Football, it is impossible to totally eliminate this risk. By signing this Registration Form, we acknowledge that we have read and understand this warning.

PARENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS REGISTRATION FORM.

Signed:	Date:
(Parent or Guardian) – please print and sign	