SURRY COUNTY LITTLE LEAGUE FOOTBALL RELEASE FROM INJURY FORM

Players Name	DOB
Home Address	
Phone #	_
Elementary School District in which Pl	ayer resides
School Player Attends	
Grade Player is in	Age as 08/01 this year

Having been informed of the organization of "Surry County Little League Football" to provide supervised football games, I/We, the parents/guardians of the above named player/cheerleader do hereby give my/our approval to his/her participation in any and all of the activities during the current season. I/We do assume all the risks and hazards incidental to the conduct of the activities, transportation to and from the activities and I/we do further release, absolve, indemnify and hold harmless The League, the organizers, sponsors, coaches, and the supervisors, any and all of them, in case of injury to my/our child. I/We waive all claims against the organization, organizers, the sponsors, coaches, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities.

Parent/Legal Guardian Signature	Date
Printed name of Parent/Legal Guardian	
I/We, the parents/guardians of the above named player/ understand the Parents Code of Conduct I/We, the par abide by the Parents Code of Conduct	
Parent/Legal Guardian Signature	Date
Printed name of Parent/Legal Guardian	

Revised 05/01/06