TEAM NAME: _____ **GRADES: 1st / 2nd 3rd / 4th 5th / 6th**

HEAD COACH NAME: _____ **PHONE NUMBER:** _____

***(Coaches keep your "Birth Certificates" on you at all times for confirmation. B-Certificates should match this list).

RELEASE OF LIABILITY: By signing this form I understand that the Central Football League assumes no responsibility for injuries which I or my child may sustain as a result of my (or my child's) physical condition, or resulting from my (or my child's) observation or participation in any activity or use of facilities or equipment used for Central Football League activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any injuries and illnesses which may result from my (or my child's) participation in these activities. I hereby release and discharge the Central Football League, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I (or my child) may suffer as a result of my (or my child's) participation in these activities.

	SCHOOL	NAME	#	STRIPER	DOB	GRADE	AGE	PARENT INITIALS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								