



Freedom Cowboys Athletics

Registration Form

Student Athlete Name _____

Address _____

Home Phone _____ Player's Cell Phone _____

E-mail Address _____

Date of Birth _____ Age: _____ Grade _____ Height: _____ Weight: _____

School(s) or Home School Program(s) currently enrolled in or affiliated with:

Year entering freshman year: _____ Age entering freshman year: _____

Athletic Experience: _____

Position(s) held: _____

Other Sports currently playing: _____

Father's Information

Name _____

Employer _____

Cell Phone _____

Emergency Contact Name/Relation: _____

Emergency Contact Home Phone _____ Cell Phone _____

Mother's Information

Name _____

Employer _____

Cell Phone _____

Does your child have any disabilities, current injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness, maintenance medications or other significant medical conditions? If yes, please state conditions:

Waiver of Liability and Disclaimer:

I, the parent or guardian of the above named student athlete, acknowledge that participation in athletic events involve risk of physical injury. I further acknowledge that parents who volunteer their time primarily administer this program. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individuals in this program, I hereby release and hold harmless any employees, volunteers or other representatives of The Freedom Cowboys, The Freedom Academy Board from any and all claims, demands, liabilities, and causes of action arising out of or relating to any injury or disagreement that may result to said student athlete while participating in this program.

Name: _____

Signature: _____ Date: _____