



# 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: \_\_\_\_\_