



ELKO JUNIOR FOOTBALL LEAGUE



DRAFT **RK** **JR** **SR**

FOR EJFL BOARD USE ONLY:

PLAYER INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME		NICK NAME	
ADDRESS				CITY		STATE	ZIP CODE
DATE OF BIRTH		AGE	GRADE	DID YOU PLAY IN THE EJFL LAST YEAR? IF YES, FOR WHICH TEAM AND DIVISION?			
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	TEAM:		DIVISION:	
CURRENT INJURIES OR MINOR PHYSICAL LIMITATIONS OR OTHER MEDICAL CONDITION THE COACH SHOULD KNOW ABOUT:					IF YOU ARE NOT MOVING UP TO A NEW LEAGUE, DO YOU WANT TO: (MUST CHECK ONE)		
					REMAIN WITH LAST YEARS TEAM? <input type="checkbox"/>	ENTER THE DRAFT? <input type="checkbox"/>	

PARENT/GUARDIAN INFORMATION

FATHER'S FIRST NAME		FATHER'S LAST NAME		FATHER'S CELL PHONE #	FATHER'S HOME PHONE #	e-MAIL ADDRESS	
THE EJFL IS AN ALL VOLUNTEER ORGANIZATION. I WOULD LIKE TO VOLUNTEER AS A:							
COACH <input type="checkbox"/>	ASST COACH <input type="checkbox"/>	REFEREE <input type="checkbox"/>	BOARD MEMBER <input type="checkbox"/>	CONCESSIONS <input type="checkbox"/>	OTHER <input type="checkbox"/>		
MOTHER'S FIRST NAME		MOTHER'S LAST NAME		MOTHER'S CELL PHONE #	MOTHER'S HOME PHONE #	e-MAIL ADDRESS	
THE EJFL IS AN ALL VOLUNTEER ORGANIZATION. I WOULD LIKE TO VOLUNTEER AS A:							
COACH <input type="checkbox"/>	ASST COACH <input type="checkbox"/>	REFEREE <input type="checkbox"/>	BOARD MEMBER <input type="checkbox"/>	CONCESSIONS <input type="checkbox"/>	OTHER <input type="checkbox"/>		

EMERGENCY AUTHORIZATION, DISCLAIMER, AND ASSUMPTION OF RISK AND WAIVER

EMERGENCY AUTHORIZATION FOR TREATMENT OF MINOR:

I, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PLAYER, A MINOR (PLAYER) HEREBY AUTHORIZE EACH OF THE COACHES, TEAM VOLUNTEERS, AND/OR OTHER OFFICIALS OF THE ELKO JUNIOR FOOTBALL LEAGUE (EJFL) TO ACT AS MY AGENT IN THE CAPACITY OF ACTIVITY SUPERVISORS AND VEHICLE DRIVERS, AND I AUTHORIZE EACH OF THEM TO CONSENT TO MEDICAL, SURGICAL OR DENTAL EXAMINATION AND/OR TREATMENT.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

I WARRANT AND ACKNOWLEDGE THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PLAYER NAMED ABOVE, A MINOR (PLAYER), AND ON BEHALF OF MYSELF, PLAYER AND OUR HEIRS, ASSIGNS AND NEXT OF KIN, I HEREBY ENTER INTO THE FOLLOWING AGREEMENTS **IN CONSIDERATION OF** PLAYER'S BEING ABLE TO PARTICIPATE IN ANY WAY AT PRACTICES, GAMES OR OTHER ACTIVITIES (EVENTS) SANCTIONED BY THE ELKO JUNIOR FOOTBALL LEAGUE (EJFL).

I ACKNOWLEDGE THAT PARTICIPATION IN FOOTBALL NECESSARILY INVOLVES TRAVEL, PLAY IN ADVERSE FIELD CONDITIONS, CONTACT WITH CONSIDERABLE FORCE, AND RISK OF SEVERE, PERMANENT INJURY INCLUDING BRUISES, SCRAPES, STRAINED, SPRAINED OR TORN MUSCLES, TENDONS OR LIGAMENTS, BROKEN BONES, DISLOCATION OF JOINTS, CONCUSSION, BRAIN DAMAGE, NERVE AND SPINAL CORD INJURY, PARALYSIS AND DEATH, **I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS.** I WILLINGLY AND VOLUNTARILY AGREE TO COMPLY WITH THE STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION AND, IF PLAYER OR I OBSERVE ANY CONCERN IN PLAYER'S READINESS FOR PARTICIPATION IN THE EVENTS, I WILL REMOVE HIM/HER FROM PARTICIPATION AND BRING SUCH CONCERN TO THE ATTENTION OF THE NEAREST OFFICIAL IMMEDIATELY AND ALSO THE LEAGUE PRESIDENT AS SOON AS POSSIBLE THEREAFTER.

I HEREBY RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS, TO THE FULLEST EXTENT PERMITTED BY LAW, THE EJFL, ITS PLAYERS, VOLUNTEERS, OFFICIALS, SPONSORS, AND OTHER REPRESENTATIVES AND ANY AND ALL OWNERS, LESSORS, LESSEES OR OTHER PERSONS OR ENTITIES ALLOWING, PERMITTING OR AUTHORIZING THE USE OF FACILITIES BY THE EJFL AND AGENTS, OFFICERS AND DIRECTORS OF SAID PERSONS OR ENTITIES (RELEASEES) FROM ANY AND ALL CLAIMS, DEMANDS, COSTS, EXPENSES AND COMPENSATION ARISING OUT OF OR IN ANY WAY RELATED TO AN INJURY OR OTHER DAMAGE THAT MAY RESULT TO SAID PARTICIPANT OR TO MEMBERS OF MY FAMILY OR MY HOUSEHOLD OR INDIVIDUALS I INVITE OR FOR WHOM I AM OTHERWISE RESPONSIBLE WHILE PARTICIPATING IN OR PRESENT AT ANY OF THE EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I FURTHER ACKNOWLEDGE THAT THE EJFL IS ADMINISTERED BY VOLUNTEERS RATHER THAN PAID PROFESSIONALS.

I FURTHER ACKNOWLEDGE AND ACCEPT THAT THIS DISCLAIMER, ASSUMPTION OF RISK AND WAIVER IS DEEMED TO BE INVALID, THE REMAINDER WILL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, AND THE DISCLAIMER, AND ASSUMPTION OF RISK AND WAIVER. I FULLY UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

PARENT/GUARDIAN SIGNATURE:			DATE:	
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FOR EJFL BOARD USE ONLY:

DOB VERIFICATION:	CHECK NUMBER:	RECEIPT # (CASH ONLY):	FEE CHARGED:	AMOUNT PAID:	RECEIVED BY:	DATE:	LEAGUE:	TEAM ASSIGNMENT:
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