

CHEERLEADING

FOOTBALL

Smithfield Vikings, Inc.
14 Julien Street
Smithfield, RI 02917

PLAYER _____ MALE ___ FEMALE ___ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

MOTHER'S NAME _____ FATHER'S NAME _____

HOME PHONE # _____ ALT. PHONE # _____

SCHOOL _____ Email _____

HAVE YOU PLAYED FOR ANY RI PRETEEN TEAM IN THE LAST 3 YEARS? _____ If yes, who? _____

_____ Pursuant to the Rhode Island General Laws S7-6-22, I/We the parent(s) of the above name boy/girl, who is a candidate for a position in the Smithfield Vikings, hereby give my/our approval to his/her participation in any and all the activities during the current season.

_____ I/we assume all risks and hazards incidental to and from the activities; I/we do further hereby release, absolve, indemnity and hold harmless the Smithfield Vikings, the organizers, sponsors and the supervisors, any or all of them.

_____ In cases of injury to my/our son/daughter, I/we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I/we likewise release from responsibility any persons transporting my/our son/daughter to and from the activities.

_____ I/we will furnish a certified birth certificate for the above named candidate upon request of league officials.

_____ The undersigned specifically acknowledge that a risk of injury exists and assume said risk with respect to practicing for participation in any contest or exhibition of an athletic or sports matter sponsored by the Smithfield Vikings.

_____ I/we agree to furnish upon request the uniform and any equipment issued to my/our child in as good condition as when it was received except for normal wear and tear. I/we understand that the uniform and other equipment must be returned to the Smithfield Vikings at the end of the season or before if requested due to a child's early departure. I/we understand that I/we will receive a bill for any uniform and other equipment not returned.

_____ I/we also give my/our permission for my/our child to be photographed for contracts, newspapers and annual year - book.

_____ Zero Tolerance Policy-there is no room for foul language or negative comments towards players, officials, coaches and or staff. The Vikings reserve the right to hold violators accountable for negative behavior. Sanctions include suspension from games and or expulsion from the league. No refunds will be granted to those who violate this policy.

Signature _____ Date _____

Printed Name _____

EMERGENCY ROOM AUTHORIZATION

PERMISSION IS HEREBY GRANTED TO THE DOCTORS, AUTHORITIES AND THEIR DESIGNATED AGENTS, TO PERFORM ALL PROCEDURES AND OPERATIONS, AND TO USE ANY OR HAVE USED ANY TYPE OF ANESTHETIC AGENT AS MAY BE CONSIDERED NECESSARY BY THE ATTENDING DOCTORS IN THE CASE OF

NAME OF PATIENT _____ DATE _____

SIGNATURE _____ WITNESS _____

NAME OF FAMILY M.D. _____ PHONE # _____

ARE ALL SHOTS UP TO DATE? _____ DATE OF LAST TETANUS SHOT _____

LIST ANY ALLERGIES TO MEDICATION OR OTHER WISE, AS WELL AS ANY PHYSICAL LIMITATIONS (ALLERGIES, HEARING, SIGHT, SEIZURES, ETC.) _____

PLEASE MAKE CHECKS PAYABLE TO THE SMITHFIELD VIKINGS

No Refunds after May 31st

DATE _____ AMOUNT PAID _____ CHECK # _____ CASH RECEIPT # _____ B.C. _____

Authorized Viking Representative _____ League Age _____ Designated Team _____