

NGM YOUTH FOOTBALL, INC.

2012 REGISTRATION FORM

PLEASE PRINT

ATHLETES NAME _____ BIRTHDAY _____

ADDRESS _____ PHONE _____

PRIMARY E-MAIL ADDRESS _____

ADDITIONAL E-MAIL ADDRESS _____

WEIGHT ____ HEIGHT ____ SCHOOL _____ GRADE (FALL) _____

FATHER/GUARDIAN _____ PHONE _____

ADDRESS _____ CELL PHONE _____

PLACE OF EMPLOYMENT _____ PHONE _____

MOTHER/GUARDIAN _____ PHONE _____

ADDRESS _____ CELL PHONE _____

PLACE OF EMPLOYMENT _____ PHONE _____

IN CASE OF EMERGENCY, NOTIFY _____ PHONE _____
(OTHER THAN YOURSELF)

PHYSICIAN _____ CLINIC _____ PHONE _____

HOSPITAL _____ PHONE _____

PRE-EXISTING MEDICAL CONDITIONS, ALLERGIES OR MEDICATIONS

INSURANCE PROVIDER _____ POLICY # _____

I hereby authorize the coaching staff and agents of NGM Youth Football, Inc to use and disclose any and all of my child's individual health and medical information or other information that I have herein provided or subsequently provided in writing. This release authority applies to any information which may be governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPPA), 42 USC 1320d and 45 CFR 160-164.

RELEASE OF CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE: In consideration of granting my child permission to participate in NGMYF, Inc. program, I, the undersigned parent or guardian, of said child hereby consent to such participation and specifically agree to the following terms: I hereby release and discharge NGMYF, Inc., its agents coaches and Board of Directors from all liability, claims, demands, actions, judgments and executions which the undersigned ever had, or has now, or may have, or claim to have against NGMYF, Inc. its successors and /or assigns, for all personal injuries and

