

# BRIGHTON JUNIOR BARONS FLAG FOOTBALL REGISTRATION



**Brighton Junior Barons**

P.O. Box 93131

Rochester, NY 14692

[www.brightonjrbarons.com](http://www.brightonjrbarons.com)

Player Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact's Relationship to player: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Indicate specific medical allergies, chronic illnesses, or other medical conditions that coaches and medical personnel should be aware of:

Registration Fee: \$45.00 Make checks payable to: Brighton Junior Barons

I hereby give approval for the participation of my child in any and all affiliated associations or league activities and I assume all risk and hazards incident to such participation including transportation to and from said activities. I waive, release, absolve, indemnify, and agree to hold harmless the Brighton Junior Barons and affiliated associations, leagues, the organizers, supervisors, officers, directors, board members, participants, and persons or parents supervising or transporting participants to or from such activities, from any claims arising out of injury to my child.

As parent and/or guardian of the player noted above, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This registration and medical release form is completed and signed of my own free will for the sole purpose of authorizing participation in the league and authorizing medical treatment under emergency circumstances in my absence:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check box if interested in volunteering for Flag Football. The best way to contact you is:

Phone: \_\_\_\_\_ or Email: \_\_\_\_\_