



7-on-7 Passing League

Parental Consent, Medical Release and Liability Waiver Form

Player Information (Please Print)

Name: _____ DoB: ____ / ____ / ____ Grade: _____

Street: _____ City: _____ Zip Code: _____

Coach: _____ Desired Player Position _____

Parent/Guardian and Emergency Contact Information

Name: _____ email: _____

Street: _____ City: _____ Zip Code: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Parent/Guardian Consent

I recognize and acknowledge that playing football is a potentially dangerous and harmful sport and I hereby release WinningEdge Football, LLC, Timpview High School or owner of other designated field, Provo School District, Utah Valley Football League and all agents and participants of the league, whether players, coaches or others involved in any capacity, from any and all liability, resulting from my son's participation in league football activity at any time hereafter, whether during game participation, practices, travel to or from league related activities, or any and all other activity in connection with WinningEdge Football and the 7-on-7 Passing League.

In addition, I hereby represent that my son is adequately covered by his or my own separate insurance, and that any accidents, claims, losses or causes of action shall be resolved separately and pursuant to my own contractual rights under said insurance without rule, subornation, risk, loss or liability whatsoever to said players, coaches, directors or others involved with WinningEdge Football.

I hereby give my consent for my son to participate in the WinningEdge 7-on-7 Passing League. I also give my permission for representatives of WinningEdge Football to act in my behalf in order to provide or to seek emergency attention for my son. In case of emergency I may be reached by calling the phone numbers listed above.

Insurance Carrier: _____ Policy# _____

Medical Alert or Allergy Info: _____

My son is physically qualified to participate in this sport (physical examination is recommended).

By signing this form I acknowledge that I have read and agree to the above information. I also verify that the information I have disclosed on this form is accurate.

Parent or Legal Guardian: _____ Date: _____
Signature

Team fee is \$800 ~ Coach will collect prorated share from each player with Parental Consent Form