

**EQUIPMENT ISSUED**  
Helmet \_\_\_\_\_ Shoulder Pads \_\_\_\_\_ 7-Piece Pads \_\_\_\_\_

Team \_\_\_\_\_  
Birth Certificate \_\_\_\_\_

**RIDGLEA ROUGHNECK  
FOOTBALL ASSOCIATION**

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

School Attending \_\_\_\_\_

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

Father's Home # \_\_\_\_\_ Mother's Home # \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Father's Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Circle One:    New Player        Returning Player        If Returning, which team? \_\_\_\_\_

Please list any health conditions (allergies, hearing loss, etc...) that might affect participation in team activities: \_\_\_\_\_

I/We the parents or legal guardian of the above named candidate for a position on the Ridglea Roughneck Football Team, hereby give my/our approval for his/her participation in any and all football activities. I/WE UNDERSTAND THAT FOOTBALL IS A CONTACT SPORT AND FROM TIME TO TIME INJURIES DO OCCUR/ I/WE ASSUME ALL RESPONSIBILITIES, RISK AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES/ I/WE HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE RIDGLEA ROUGHNECK FOOTBALL ASSOCIATION, THE TARRANT COUNTY YOUTH FOOTBALL ASSOCIATION, THE ORGANIZERS,, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR CHILD TO OR FROM ACTIVITIES, AND FROM ANY CLAIM ARISING OUT OF AN INJURY TO MY/OUR CHILD, WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE.

In case of emergency, the parents will be called first. Please provide cell phone/pager # (if available)

Name \_\_\_\_\_ Cell/Pager# \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

In case of emergency, when I can not be reached, I hereby give CONSENT for treatment by DR. \_\_\_\_\_ phone number \_\_\_\_\_ or Dentist, DR. \_\_\_\_\_ phone number \_\_\_\_\_ or any other certified/qualified doctor or hospital medical staff deemed necessary by the coach or any Ridglea Roughneck Official.

I/WE AGREE TO RETURN UPON REQUEST, THE UNIFORM AND EQUIPMENT ISSUED TO OUR CHILD IN AS GOOD CONDITION AS WHEN RECEIVED, EXCEPT FOR NORMAL WEAR AND TEAR. WE UNDERSTAND THAT ALL EQUIPMENT NOT RETURNED WILL BE BILLED TO US AT RETAIL REPLACEMENT COST.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW LINE**

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Total Cost – FLAG \$50 OTHER \$95    Amount Paid \_\_\_\_\_    Cash \_\_\_\_\_ Check # \_\_\_\_\_    Rec By \_\_\_\_\_