



Mailing Address: 5525 Sweetwater El Paso TX 79924

REGISTRATION NUMBER \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City Zip

Phone \_\_\_\_\_ Sex:    M    F Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Favorite NFL Team \_\_\_\_\_

Father \_\_\_\_\_ Work/Cell #: \_\_\_\_\_ / \_\_\_\_\_

Email address: \_\_\_\_\_ Will help with: \_\_\_\_\_ Team \_\_\_\_\_ League \_\_\_\_\_ Other: \_\_\_\_\_

Medical condition or allergies: \_\_\_\_\_

What sports have you played with NERF \_\_\_\_\_

How many years have you played with NERF \_\_\_\_\_

Comments: \_\_\_\_\_

I, the parent (or guardian) of the child named on this release, hereby give my approval to their participating in any and all League activities during the current season. I do hereby waive, release, absolve, indemnity, and agree to hold harmless the Association, the organizers, sponsors, officials, supervisors, participants, and persons supporting my child.

I, the parent (or guardian) do understand that insurance is NOT provided by the Nerf League, and so hereby release, absolve and agree to hold harmless the Association in the event of accident or injury to my child.

I, the parent (or guardian) do understand that all children involved in the program must take part in the team fundraiser.

I, the parent (or guardian) do understand that I will obey NERF LEAGUE and City of El Paso rules.

Signature of Parent (or Guardian) \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**

FEE REC. \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Check# \_\_\_\_\_ / Cash Family Hardship  
Amount Initial NSF Return Check Fee 25.00

Playing Age: \_\_\_\_\_ Birth Certificate? Yes No Report Card? Yes No

TEAM \_\_\_\_\_ JERSEY SIZE \_\_\_\_\_ # \_\_\_\_\_

GRADE \_\_\_\_\_ Head Circum. \_\_\_\_\_ Pads \_\_\_\_\_ WEIGHT/HEIGHT \_\_\_\_\_ / \_\_\_\_\_

SPORT: 5,6,7 Tackle Football Flag Football Cheerleading

STATUS: Draft Brother/Sister Option Returning Player Coaches Option Assistant Coaches'

www.nerfleague.com

## MEDICAL RELEASE

**Child's Name:** \_\_\_\_\_  
Last First MI

I hereby authorize Nerf League, coaches, umpires, and referees of Nerf League Association to act according to their best judgment in any emergency requiring medical attention and I hereby waive and release Nerf League from any and all liability (not covered by the provided insurance) for any injury or illness incurred while participating in the sports programs at any El Paso City Parks, School, practice areas, and other locations that may be used for the sports programs by NERF LEAGUE. I understand that NERF LEAGUE cannot assume responsibility for medical dental or any other health expenses incurred as a result of my son's/daughter's participation in all sporting events.

\_\_\_\_\_  
Signature of Parent (or Guardian)

\_\_\_\_\_  
DATE