

*****Waiver MUST be signed by a parent/guardian for each player to be a participant.*****

Waiver and Release of Liability

I agree that I hold the Village of Port Chester Recreation Department, the Village itself, and each of its officers, members, employees, and agents and the Port Chester School District blameless for injury sustained by my child, however caused, in the course of the Flag Football Tournament as described above, and I agree that neither I nor anyone on my behalf shall prosecute any claim or course of action against the Village of Port Chester, the Recreation Department or any of its officers, members, employees or agents because of any such injury, however caused. I understand that the Village of Port Chester does not carry accident insurance.

I have informed the Port Chester Recreation Department of any physical restrictions or limitations my child may have. In the event of an accident or illness; I give permission for my child to receive medical treatment.

My son/daughter has been examined by a private or school physician and found to be in sound physical condition and has permission to participate in any activity of the league.

Player #1 (Captain)

Name _____ DOB _____

I have read the waiver above, and understand and accept these conditions.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact _____ Phone Number _____

Player # 2

Name _____ DOB _____

I have read the waiver above, and understand and accept these conditions.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact _____ Phone Number _____

Player # 3

Name _____ DOB _____

I have read the waiver above, and understand and accept these conditions.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact _____ Phone Number _____

Player # 4

Name _____ DOB _____

I have read the waiver above, and understand and accept these conditions.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact _____ Phone Number _____

Player # 5

Name _____ DOB _____

I have read the waiver above, and understand and accept these conditions.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact _____ Phone Number _____

Player # 5

Name _____ DOB _____

I have read the waiver above, and understand and accept these conditions.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact _____ Phone Number _____

Player # 6

Name _____ DOB _____

I have read the waiver above, and understand and accept these conditions.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact _____ Phone Number _____

Player # 7

Name _____ DOB _____

I have read the waiver above, and understand and accept these conditions.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact _____ Phone Number _____

Player # 8

Name _____ DOB _____

I have read the waiver above, and understand and accept these conditions.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact _____ Phone Number _____

Player # 9

Name _____ DOB _____

I have read the waiver above, and understand and accept these conditions.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact _____ Phone Number _____

Player # 10

Name _____ DOB _____

I have read the waiver above, and understand and accept these conditions.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact _____ Phone Number _____