



TEAM ROSTER FORM AND PARENTAL WAIVER, RELEASE AND CONSENT

HEAD COACH _____ TEAM NAME _____ GRADE _____

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

I, the undersigned as parent or legal guardian of the child named herein, do hereby give my full consent and approval for my child to participate as a member of the team designated:

I understand that there are certain risks inherent in participating in football and cheerleading, including death, as well as other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. These risks include but are not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.

Further, I agree that in consideration for the right for my child to play as a member of the team/squad designated below and in consideration for permission to play on the fields/facilities arranged for by FCCJC:

1. On behalf of my child and myself, I voluntarily elect to accept and assume all risks of injury incurred or suffered by my child (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my child's team, and (c) while on or upon the location of any and all of the fields arranged for by my child's team for practice or play.
2. I HEREBY WAIVE, RELEASE, DISCHARGE AND HOLD HARMLESS, the Football and Cheerleading Club of Johnson County, Inc., Sports Management Associates, LC, and the Johnson County Parks and Recreation District, their officers, agents, coaches, volunteer representatives, employees or any person or entity connected therewith, for any claim, damages, costs or cause of action which I or my child have or may in the future have as a result of damages or injuries, including death, sustained or incurred by my child from whatever cause, including but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released.

I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities that would restrict full participation in these activities, except as made known to FCCJC.

ROSTER

	PARTICIPANT NAME	STREET ADDRESS	CITY/STATE/ZIP	EMAIL ADDRESS	PARENT SIGNATURE	DATE
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	PARTICIPANT NAME	STREET ADDRESS	CITY/STATE/ZIP	EMAIL ADDRESS	PARENT SIGNATURE	DATE
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