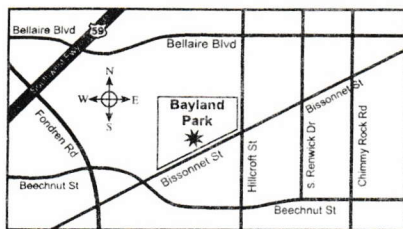




F.U.N. Football Southwest Houston Conference, Inc.

6400 Bissonnet
Houston, Texas 77074

Email: funfootball@hotmail.com
Website: www.funfootball.org



F.U.N. Stadium Location:
6400 Bissonnet, Bayland Park



Franchise Club (Team) check one

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Alief Cougars | <input type="checkbox"/> Bellaire Bears | <input type="checkbox"/> Missouri City Bengals | <input type="checkbox"/> South Main Mustangs | <input type="checkbox"/> Southwest Texans |
| <input type="checkbox"/> Alief Jaguars | <input type="checkbox"/> East Bethel Cowboys | <input type="checkbox"/> N.H. Oilers | <input type="checkbox"/> South Post Oak Eagles | <input type="checkbox"/> SugarLand Seahawks |
| <input type="checkbox"/> Alief Raiders | <input type="checkbox"/> Inwood Texans | <input type="checkbox"/> Northeast Cougars | <input type="checkbox"/> Southwest Bills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Alief Steelers | <input type="checkbox"/> Lindale Panthers | <input type="checkbox"/> NW Tigers | <input type="checkbox"/> Southwest Chargers | |

Applicant's Name: _____ Phone: _____

Address: _____ Apt. #: _____ City: _____ Zip: _____

Name Of School: _____ Grade: _____ Date Of Birth: ____/____/____

Mother's Name: _____ Work Phone: _____ Mother's Occupation: _____

Email Address: _____ Mother's Maiden Name: _____

Father's Name: _____ Work Phone: _____ Father's Occupation: _____

Email Address: _____ Text email: _____

* In Case Of Emergency Contact Name: _____ Phone: _____

I certify that (A) I am the parent/guardian of the above named applicant; (B) the above information is correct in all respect; (C) will adhere to all stipulations as set forth below. I further certify that I acknowledge the reserve right of FUN FOOTBALL to suspend my son's/daughter's activities in its program through its own volition should the need arise.

PARENTAL/GUARDIAN AUTHORIZATION, RELEASE AND INDEMNIFYING AGREEMENT

I, the undersigned parent/guardian of the above named candidate for a position on above named FRANCHISE CLUB, hereby give approval for his/her participation in any and all activities concerning the assigned team for the current season. We assume all risks and hazards incidental to such participation including transportation to and from the activities and so hereby waive, release, absolve, and indemnify and agree to hold harmless all sponsor, supervisors, officials or participants in any and all activities of the team, above named FRANCHISE CLUB, or FUN FOOTBALL, for any claim arising out of injury to the above named boy or girl, whether the result of negligence or for any other reason. We also grant permission to the supervisors, managing personnel, or other representative to authorize and obtain medical care from any licensed physician, hospital or medical clinic, should the boy/girl become ill or injured while participating in activities away from home or at any other time when neither parent nor guardian is available to grant authorization for emergency treatment.

Have Hosp. Ins.

Yes _____

No _____

Years Played

1st _____

2nd _____

3rd _____

4th _____

5th _____

Also, I the undersigned parent/guardian do hereby grant FUN FOOTBALL my permission to obtain a copy of my son/daughter birth certificate and/or school records for the purpose of verifying his/her age for participation in its program. In addition, I authorize my child's school to confirm, by a FUN FOOTBALL participant card, my child's identity and age for the purposes of being a member of FUN FOOTBALL.

ASSUMPTION OF LIABILITY

I, the under/signed parent/guardian of the above named applicant, do hereby assume liability for and agree to pay to the above mentioned FRANCHISE CLUB the cost of any and all equipment issued to said applicant which is lost or returned to the team in a damaged condition not attributable, in the judgement of the Team's president, to normal wear and tear, and it is further understood and agreed that the decision of the Team's President, to normal wear and tear and value is final in this respect.

*** ORIGINAL BIRTH CERTIFICATE REQUIRED FOR CERTIFICATION.**

Signature _____ Date _____

Parent/guardian (Required) Signature by any other party is grounds for forgery.

Player's signature _____

Official Use Only – Do Not Write Below

Birth date _____	Weight _____	Date _____	Team assigned <input type="checkbox"/> Flag (FL) <input type="checkbox"/> Junior Varsity (JV) <input type="checkbox"/> Freshman (FR) <input type="checkbox"/> Varsity (V) <input type="checkbox"/> Sophomore (SO) <input type="checkbox"/> Drill (DR)
Registrar _____	Weight _____	Date _____	
Date ____/____/____	Registrar _____	Date ____/____/____	

Received \$ _____ Date _____ By _____

Received \$ _____ Date _____ By _____