

# 2021



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## FOOTBALL REGISTRATION FORM

DATE \_\_\_\_\_ PAID BY: CHECK# \_\_\_\_\_ CASH \_\_\_\_\_ BIRTH CERT. \_\_\_\_\_  
 (Please print or type) CHECKED / INITIAL

NAME \_\_\_\_\_  
 (Full) (First) (Middle) (Last) ID# (EGRA use only)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE SEPT 1 \_\_\_\_\_ MALE / FEMALE  
 (Circle one)

PARENTS \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ (W/C) \_\_\_\_\_

LAST TEAM \_\_\_\_\_ TEAM ASSIGNED \_\_\_\_\_

RESIDENT OF: (PLEASE CIRCLE ONE)  
 CITY OF EMPORIA GREENSVILLE CO. OTHER \_\_\_\_\_  
(Specify)

Uniform Shirt Size (Circle One) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL

←←←←←PERMISSION FORM COMPLETE FRONT AND BACK → →→→→

*By signing this permission form, my family and I pledge that we will observe GOOD SPORTSMANSHIP and may lose our right to participate if this rule is violated. I understand that a fee must accompany this application and there are NO REFUNDS unless EGRA deems necessary to issue refunds. I also understand that I am responsible for returning all uniforms and equipment at the last game or will have to pay replacement costs (\$150). I understand there is a \$25.00 returned check fee. I agree to pay the amount for which the check was written, in addition to the \$25.00 fee*

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 (Parent/Guardian)

**FORM MUST BE COMPLETELY FILLED OUT TO PARTICIPATE IN EGRA SPORTS PROGRAMS:**

**Assumption of the Risk and Waiver of Liability**  
**Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from close contact of individuals. As a result, federal, state, and local government and health officials recommend social distancing and have discouraged large gatherings of people.

The Emporia-Greenville Recreation Association (“EGRA”) has put in place preventative measures to reduce the spread of COVID-19, however, EGRA **cannot guarantee** that anyone that uses the facilities will not become infected with COVID-19.

By signing this agreement, you:

- Acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that you or your child may be exposed to or infected with COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.
- Understands the risks of becoming exposed or infected with COVID-19 at the Meherrin River Park Complex may result from the actions or omissions of myself and others, including, but not limited to, EGRA employees, volunteers, and program participants and their families.
- Releases any claims based on the actions or omissions of EGRA’s employees or volunteers, whether a COVID-19 infection occurs before, during, and after your child’s participation in events at the Meherrin River Park Complex.

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**Signature of Parent/Guardian Date**

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**In the event of a canceled season, due to COVID-19,  
Please fill out the following information to receive a refund if deemed necessary:**

**Players Name:** \_\_\_\_\_

**Refund Check Made Payable To:**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_