

2023



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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 City/County)

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 it 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 \$50.00 returned check fee due to EGRA. In addition to the fee payable to EGRA, the resubmit program used for returned checks, will charge the maker of the returned check a fee of \$50.00 up to three times.

SIGNED _____ DATE _____
(Parent/Guardian)

"EGRA WORKS FOR OUR KIDS"

<http://www.egra.org> Revised 05/29/2023

**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.

Signature of Parent/Guardian Date

**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:

Name: _____

Address: _____

City _____ **State** _____ **Zip** _____