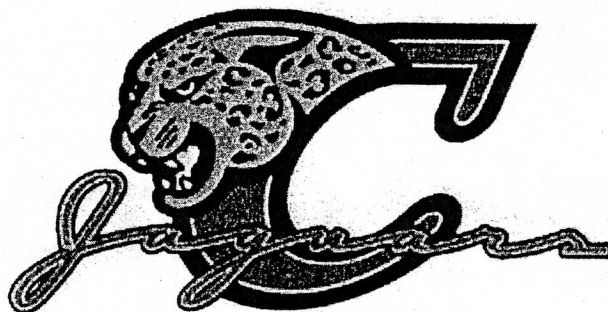


CENTURY JAGUAR FOOTBALL

Player Information Sheet



This form **must** be completed before athletes will be allowed to participate in any football camps or retreats.

- (503) -
Last Name First Name Home Phone #

-
Address Zip Code

Mothers Name: _____ Work/Cell Phone: _____

Fathers Name: _____ Work/Cell Phone: _____

Person to Contact in Case of Emergency: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Company: _____ Agent: _____

Agents Phone #: _____ Policy #: _____

Waiver: I understand that football is a contact sport. I also understand that injuries are common in contact sports. I authorize the staff of Century Football to administer first aid when appropriate and to refer to qualified professionals (such as an ambulance service) if necessary. If an injury occurs, I release Century High School and it's staff from all claims.

Name of Parent or Guardian Date