ALAMANCE COUNTY
RECREATION AND PARKS DEPARTMENT
2014 OFFICIAL ATHLETIC PLAYER CONTRACT

I, _____hereby agree to play FOOTBALL with the Graham Recreation and Parks Red Falcons until properly released.

I will upon my honor live up to the aims and ideals of good sportsmanship and promise to obey the rules and regulations of the league. My failure to do so will automatically suspend me from further competition

Complete Name of player: _____ Age: _____ Date of Birth: _____ Telephone No: _____

Complete Address:_____ E-Mail Address: _____

Family Physician's Name: _____ Telephone No. _____

Hereby consent to my child participating in the FOOTBALL league sponsored by the Alamance County Recreation and Parks Department and certify that his/her information is correctly stated above. I hereby relinquish any claim against the County of Alamance, Recreation and Parks Department, any sponsoring agent and any coach in the event of an accident to his/her person during the current FOOTBALL season.

_____ _____ _____ _____
Mothers Signature (or Guardian) Date Fathers Signature (of Guardian) Date

I further understand that individual accident and general liability insurance coverage is not provided by the Alamance County Recreation and Parks Department or any sponsoring agent.

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Medical Release Form

This is to certify that I, parent of _____a player on the Graham Recreation and Parks Red Falcons team, hereby grant permission to the adult coach of the team to obtain medical care form any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the County of Alamance, Recreation and Parks Department, any sponsoring agent, any coach, organizers, supervisors, participants, and person transporting the player to and from those activities for an claim arising out of an injury to the player.

SIGNED: _____ RELATIONSHIP: _____DATE: _____

INSURANCE COMPANY: _____ POLICY #: _____

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PLAYER RELEASE

_____, coach of the Graham Recreation and Parks Cougars team in the FOOTBALL league, do hereby agree to release _____ from my team, effective date: _____. I understand that he/she is now a free agent and may join any other team of his/her choice.

Signature of Coach: _____ Date: _____

NOTE: No player released from one team will be allowed to play for another team in the same league if the player is released after the cut-off date in the season.

APPROVAL

Signature of Athletic Director: _____ Date: _____

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The Alamance County Recreation and Parks Department does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or provision of services