

Oshkosh Eagles Youth Football 2023
Sponsoring Club – Oshkosh Eagles Football Club Corp (OEFC)
Youth Tackle Football

Student/Athlete Name: _____ Male Female (circle one)
Address: _____ City: _____ Zip: _____
Home Phone: _____ School: _____
Grade (going into): _____ Birth Date: _____ Age: _____

* * * THIS PART TO BE FILLED OUT BY PARENT/LEAGAL GUARDIAN – PLEASE PRINT * * *

Parent/ Legal Guardian Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
List any previous injuries: _____
List any physical disabilities: _____
List any allergies: _____
List any medication the athlete may be taking or will use: _____

Preference of physician: _____ Phone: _____

NOTE: Injuries are a natural part of sports. NQBC is not responsible for injuries incurred by players during games, scrimmages, and practices including offseason or other activities carried out by the OEFC. Players should be covered by their own insurance.

Name of Health Insurance: _____

In an emergency, please list two persons you recommend we call if you cannot be reached:

Name: _____ Phone: _____
Name: _____ Phone: _____

EQUIPMENT/UNIFORMS: As parent/legal guardian of the above-named student, I agree to be financially responsible for the safe return of all athletic equipment and school sponsored uniforms issued to him/her.

TRAVEL: I understand that the player will be transported to games by a parent.

PHOTO RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local media requests the opportunity to videotape, take photographs and/or interview children within the Oshkosh Eagles Youth Football Program. I also give permission to OEFC to make or use pictures, or videos of me, and of my minor child without compensation for OEFC published, broadcast or electronic materials. I understand that by signing this, I am, on behalf of myself and my child, releasing-OEFC and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current OEFC Oshkosh Eagles Youth Football program season.

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named OEFC Youth Football event(s) including offseason or other activities carried out by OEFC. In the event of an injury requiring medical attention, I hereby grant permission to the NQBC and associated medical training staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Youth Football activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Oshkosh Eagles Football Club Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

Parent/Legal Guardian Signature

Date