



Avery Parks and Rec.

Jr. Vikings Football

2021 (fall)

NAME: _____ GENDER: M / F HOME PHONE # _____

FATHER'S NAME: _____

PHONE: (H) _____ (W) _____ (C) _____

MOTHER'S NAME: _____

PHONE: (H) _____ (W) _____ (C) _____

Guardian Name and Number if other than above: _____

CHILD'S MAILING ADDRESS: _____ ZIP: 286 _____

SCHOOL DISTRICT CHILD LIVES IN: _____ SCHOOL CHILD ATTENDS: _____

CHILD'S Grade: _____ CHILD'S AGE: _____

Jersey Size: YS, YM, YL, AS, AM, AL, AXL

Medical Concerns or Conditions

Waiver of Liability

I, as a parent or legal guardian, give my consent for my child to participate in the Avery Parks and Recreation youth Football program. I hereby, release the youth football coaches, the county of Avery, and the Avery Parks and Recreation Department whose fields are being used, from liability for any injury that the participant might sustain while engaged in their league.

Signature of Parent/Legal Guardian

Date

\$50.00 Per Player

Make Check to: Avery County Parks and Recreation

Mail to: Avery County Parks and Recreation, P.O. Box 883, Newland, NC 28657