



# SOUTHEAST LOUISIANA FOOTBALL LEAGUE



## STUDENT ATHLETE REGISTRATION FORM

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Circle Team: (11-12yr) (9-10yr) (7-8yr) (5-6yr) T-Shirt Size \_\_\_\_\_

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_ Team Name: East Feliciana Mighty Knights

In return for my child (the "Student Athlete") being allowed to participate in the South East Louisiana Football League (the "League"), I release and agree not to sue the SELFL, its coaches, volunteers, sponsors, and affiliates from all present and future claims that may be made by the Student Athlete or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Student Athlete's participation in the League and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the League, even if caused by their ordinary negligence. I understand that participation in the League involves certain risks, including, but not limited to, serious injury. I am voluntarily allowing the Student Athlete to participate in the League with knowledge of the danger involved and agree to accept all risks of such participation. I certify that the Student Athlete is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the Football to be played in the League. Permission is granted for the Student Athlete to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of the Student Athlete's participation in the League and all related activities. I agree to let the parties use the Student Athlete's name and likeness free of charge in any manner and for any purpose without compensation to the Student Athlete or me. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state of Louisiana and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I am the parent or legal guardian of the Student Athlete. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

I represent that I am a parent/legal guardian of the child named above and I agree that the terms of this release are binding on the child and me. I also hereby acknowledge that I have read and understand the League's Membership Policies.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR SELFL USE ONLY:</b>	Agent ID	Weight:	Height:	Picture	Birth Certificate:
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Reg. Fee Paid: \_\_\_\_\_ Approving Agent: \_\_\_\_\_ Helmet Number: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Jersey Number: \_\_\_\_\_ Pads Number: \_\_\_\_\_

**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**  
**READ BEFORE SIGNING**

IN CONSIDERATION OF \_\_\_\_\_ my minor child/ward ("Student Athlete"), being allowed to participate in any way in the South East Louisiana Football League, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury or possible exposure to and illness from air born communicable diseases like (Covid-19) to Student Athlete from the activities involved in these programs is significant, including the potential for permanent disability and death, and while precautions, safety measures and hygiene protocols, particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for Student Athlete's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation; and,
4. I myself, my spouse, Student Athlete, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to Student Athlete's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, Student Athlete, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
Date Signed:

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
Date Signed: