



FREDERICK OUTLAWS FOOTBALL CLUB

WWW.FDKOUTLAWS.COM PO BOX452, JEFFERSON, MD 21755 FDKOUTLAWS@COMCAST.NET



MEMBERS OF THE EAST COAST FOOTBALL ASSOCIATION

PLAYER REGISTRATION APPLICATION

PLEASE PRINT CLEARLY

NEW PLAYER RETURNING

PERSONAL INFORMATION

Last Name		First Name		MI
<input type="text"/>		<input type="text"/>		<input type="text"/>
Street Address				
<input type="text"/>				
City		State	Zip	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Home Phone		Cell Phone		
<input type="text"/>		<input type="text"/>		
Email				Date of Birth
<input type="text"/>				<input type="text"/>

EMERGENCY INFORMATION

Emergency Contact #1	Phone	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact #2	Phone	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>
List any medical problem(s)/physical limitation(s)		
<input type="text"/>		
Allergies (if known)		
<input type="text"/>		

FOOTBALL INFORMATION

Height	Weight	40 Time	Position(s) Played (circle please)	Preferred Jersey # (pick 3)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	QB RB WR TE OL DL LB DB K P	<input type="text"/> 1 st	<input type="text"/> 2 nd	<input type="text"/> 3 rd
High School Attended			Years Attended	Sizes		
<input type="text"/>			<input type="text"/>	Jersey Pants		
College Attended			Years Attended	<input type="text"/>		
<input type="text"/>			<input type="text"/>	<input type="text"/>		
Other Playing Experience: Team(s) and Year(s)						
<input type="text"/>						
<input type="text"/>						

AGREEMENT / WAIVER OF LIABILITY

PLEASE MAKE SURE YOU READ CAREFULLY AND FULLY UNDERSTAND BEFORE SIGNING.

I hereby certify that I am in normal health and capable of participating in full contact sports. The participant registered understands that participation in any recreational activity subjects the participant to a certain degree of risk of injury and that the Frederick Outlaws Football Club, City of Frederick, or any other of its entities will not be liable for medical expenses and other claims for damages based upon any injury or for damage to any of the personal property of said registrant as a result of participation in these recreational activities. The undersigned hereby agrees to hold harmless and indemnify the Frederick Outlaws Football Club, City of Frederick or any of its employees and/or volunteers from and against any claims, demands, liability, costs of suit, damages, loss and/or judgement in connection with any use of Frederick Outlaws Football Club program sites. In the event my emergency contact cannot be reached, I authorize the Frederick Outlaws Football Club to secure proper treatment for myself from our trained staff. The Frederick Outlaws Football Club staff has my permission to video tape or photograph me while participating in this program.

Signature _____

Date _____

Print Name _____

Date _____