

2018 Broncos K-6 Clinics (5/30/18 and 6/18/18)

Player Info

Last Name: _____ First Name _____
Address: _____ City _____
DOB: _____ Age (as of 12/1/18): _____
School Attending (2018/19): _____ Grade (2018/19): _____

Parent Info

Last Name: _____ First Name: _____
Relation: _____ E-mail: _____
Cell Phone: _____

Waiver Consent

As the parent or legal guardian of the child named, I hereby give my full consent and approval for my child to participate as a team member in the sport designated above.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Long Island Broncos, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Photo Consent

The Long Island Broncos has my permission to use my or my child's photograph publically to promote the Bronco organization. I understand that the images may be used in print publications such as yearbooks, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent Signature: _____ Date: _____