



PLAYER'S CONTRACT

TEAM _____

SEASON _____

SECTION 1: PLAYER (Please Print)

Last Name	First	Initial	Birthdate (age as of June 1)
Street Address		Zip	Phone No.
Height	Weight	School	
Parent's Name(s)		Cell Phone	E-mail Address

SECTION NO. 2: EQUIPMENT - CARE AND RETURN

The undersigned acknowledge receipt of equipment and uniforms owned by the Yakima Valley Grid Kids Association (GKA). We have inspected the condition of these items. If at any time, any such item is in need of adjustment or repair, we agree to promptly notify a member of our team's coaching staff.

We understand that the equipment and uniform provided by the GKA must be returned in good condition at the conclusion of each season, or sooner if requested by the GKA. We also understand that we are responsible for the cleaning and care of these items, and we agree to promptly pay full replacement cost value of any equipment or uniform that is not returned, and to include reasonable attorney fees and court fees.

SECTION NO. 3: AUTHORIZATION FOR MEDICAL/SURGICAL TREATMENT

The undersigned parent/guardian hereby appoints any GKA coach, officer or Board member to give consent to reasonable and necessary medical and/or surgical treatment by any licensed physician or hospital for the player identified herein, when we cannot be reached within a reasonable time because of absence or otherwise. Such consent may include, but is not limited to, administration of anesthetics, diagnostic studies, blood transfusions, injections, medication and/or surgery.

SECTION NO. 4: EXPRESS ASSUMPTION OF THE RISK AND RELEASE

The undersigned player and parent/guardian acknowledge that they have read and reviewed this Player Contract. They understand and comprehend it's meaning, and they agree to abide by it's terms and conditions.

Consent for participation in the GKA football program by the player herein is hereby granted. The undersigned player and his parents/guardians understand that football is a collision sport and they hereby expressly assume all of the risks of injury or death inherent in and necessary to the sport of football. We also understand GKA does not provide any medical insurance.

In consideration of the privilege of the player's participation in the GKA football program, the parents/guardians of the player hereby release and fully discharge GKA, it's officers, directors, coaches and/or agents from any and all liability for claims they may have, of any kind or nature, arising out of any injury to, or death of, the player herein sustained as a result of participating in any GKA activity.

DATED this _____ day of _____, 20_____.

Parent/Guardian's Printed Name _____ Signature _____ Date _____

Player's Printed Name _____ Signature _____ Date _____

PHYSICAL EXAMINATION

Above named player examined this date and found to be physically qualified for participation in all sports.

TREASURER

Registration Fee of \$ _____ has been paid.

Cash Check

Dated _____ Physician Signature _____

Dated _____ Check # _____