



APOCALYPSE SPORTS

Presents The

EVERETT GENERALS

2009 Football Registration



Player Information – (Please Print Legibly)

Last Name: _____ First Name: _____ DOB: ____/____/____

Street Address: _____ City: _____ Zip: _____

Fall 2009 Grade: _____ 2009 School: _____ Est. Weight: _____

Parent/Guardian Emergency Contact Information

<u>Parent / Guardian 1</u>		<u>Parent / Guardian 2</u>	
Full Name		Full Name	
Relationship to Player		Relationship to Player	
Home Phone		Home Phone	
Cell or Work Phone		Cell or Work Phone	
**Email Address		**Email Address	

\$150.00 Registration + \$50.00 Fundraiser

****Financial Assistance Programs Are Available****

PAYMENT METHOD: Cash: ___ CC: ___ Check: ___ Check # _____ (Checks Payable to: Apocalypse Sports)

PARENT/GUARDIAN PERMISSION: I, the parent/guardian of the above named participant, hereby give my approval for participation in any and all of the activities of Apocalypse Sports / Everett Generals during the upcoming 2009 season. I assume all risks and hazards incidental to any of the activities, including transportation to and from such activities. I do further release, absolve, indemnify and hold harmless Apocalypse Sports / Everett Generals, its organizers, sponsors, directors, and/or supervisors. In case of injury to my child, I hereby waive all claims against Apocalypse Sports, its organizers, sponsors, directors, and/or supervisors. I likewise waive, to the extent not covered by liability insurance, any claim against any person transporting my child to or from activities.

EMERGENCY MEDICAL AUTHORIZATION: I, the parent / guardian of the above named participant, hereby give my authorization for any emergency medical treatment of the participant for any injury resulting from any activity of Apocalypse Sports / Everett Generals including transportation to or from such activity.

EQUIPMENT LIABILITY / NO REFUND POLICY: I, the parent / guardian of the above named participant, assume responsibility for the full cost (\$300 total) of all issued equipment if not returned, altered, lost, damaged, or otherwise. I acknowledge and agree to the No-Refund policy and understand that no refunds of any amount will be considered or tendered.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE:

Signature of Parent / Guardian: _____ Print Name: _____ Date _____

Send Form to:
Apocalypse Sports

P.O. Box 5557
Everett, WA 98206

Contact us at

866- 925-2146

Apocalypse_Sports@yahoo.com

Salute_Go_Generals@yahoo.com



Apocalypse Sports Official Receiving Payment: _____ Date Received: ____/____/____ Amount Paid: _____