



HUSKIES JR/HURRICANES CONSENT FORM

PLAYER'S NAME _____

(Last) (First) (Middle)

ADDRESS _____

(Street) (City) (State) (Zip)

In consideration for permitting the above-named player to participate in the HUSKIES JR/HURRICANES organization. I the undersigned parent and/ or guardian of the above player do hereby consent and agree that the above named may participate in full contact football. It is agreed that the named Association League, sponsored coaches assume no legal liability for injuries or other loss as a result of such participation.

I further agree to abide by all of the rules established by the organizations. Ritenour School District, coaching staff & volunteers are not legally responsible for injuries they may occur while playing full contact football.

Print Name: _____

Signature: _____

Date: _____

PHONE #: _____

Relation to player: _____