

# 2010 YOUTH FOOTBALL CLINIC PLAYER REGISTRATION FORM

RENTSCHLER FIELD, EAST HARTFORD

SATURDAY, JUNE 26, 2010

REGISTRATION: 1:30 PM • CLINIC: 3 PM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: Mother: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Father: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

*\*\*Please list any medical condition(s) that is/are pertinent to your child participating in physical activity.*

Condition: \_\_\_\_\_

Liability Waiver:

I, \_\_\_\_\_, hereby state that I understand that the CHSCA or its designees shall not be held responsible for injuries, loss of property or pain and suffering which results from participation in the Youth Day on June 26, 2010 at Rentschler Field in East Hartford, CT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*The first 200 participants to register will be enrolled in the Youth Football Clinic. Check-in will start at 1:30 PM outside Gate "C" at the stadium. All athletes ages 9-14 will be invited to attend the 3 PM Youth Clinic to be held in the stadium.*

**Please return this form to: John J. Fontana, P.O. Box 632, Southington, CT 06489.**