

**HIGH SCHOOL TEAM CT. COBRA FALL LEAGUE 2020  
REGISTRATION & INFORMATION WAIVER FORM**

**Sponsored by the Ct. Cobras**

2020

FORM TO BE SENT WITH TEAM LEAGUE ROSTERS

**PLACE: TBA**



PLEASE PRINT PLAYER INFORMATION

NAME \_\_\_\_\_ CELL# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

\_\_\_\_\_  
GRADE \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE# \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

TEAM PLAYER WILL BE PLAYING ON \_\_\_\_\_

TEAM PLAYERS COACH'S NAME \_\_\_\_\_

Please list any medical problems concerning your Student, including allergies or medications:

\_\_\_\_\_

\_\_\_\_\_

**I hereby give permission for the above Student to participate in the Ct. Cobra Fall Game League. I certify that she is in good health. I have listed above any allergies, conditions and or medications that the program personnel should be aware. I further authorize the Fall Game League staff to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be located. In case of injury I understand that I am responsible for all financial liabilities.**

Parent  
Signature \_\_\_\_\_ DATE \_\_\_\_\_