

GRAND LEDGE FOOTBALL Women's Academy



Participant Name: _____

Participant Email: _____

Children in Football Program? (Check all that apply.)

- Varsity players
- Junior Varsity players
- Freshmen players
- GLAYF players (4th – 8th)
- None

Emergency Contact Name: _____

Emergency Contact Phone: _____

Women's Academy Consent Agreement

I certify that I am in good health and capable of participating in all activities. I agree to assume the risks associated with this women's academy and consent in advance to emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care. I further understand that I assume the expenses incurred for any injury that may occur at this women's academy.

Signature: _____ Date: _____