



## 2009 Exeter Seahawks Registration Form

**(IMPORTANT: Incomplete form will delay your player's registration)**

Player's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Fall 2009 Grade: \_\_\_\_\_

Street: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Town: \_\_\_\_\_ Add'l E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I understand that the Seahawks is an all-volunteer organization and wish to be contacted for:

Coaching ( YES / NO )

Other volunteer position ( YES / NO )

Parent/Guardian agrees to the following:

1. **Hold Harmless.** I hereby give my consent for the above named player to participate in the programs of the Exeter Seahawks Youth Football, Inc. I also agree the statement of medical records is true and accurate. I agree on behalf of myself and my son/daughter, in the event he/she is injured while participating in any Seahawks activity, to indemnify and hold harmless the Seahawks and it's agents against any and all claims made by reason of such injury.
2. **Use of information and images.**
  - a. I give my consent to the use of my player's name. parents' name, address and phone number in a player's directory
  - b. I give my consent to the use of pictures and video with my player's image for uses approved by the Exeter Seahawk Board of Directors.

Parent/Guardian Signature: \_\_\_\_\_

Send by US Mail to: Exeter Seahawks, PO Box 394, Exeter NH 03833

*For Exeter Seahawk Use*

Player's Last Name: \_\_\_\_\_

Pmt Amt: \_\_\_\_\_

Fall 2009 Grade: \_\_\_\_\_

Check #: \_\_\_\_\_

School: \_\_\_\_\_

Team: \_\_\_\_\_