

**Rossford 2020
Little League Football**



Information Packet

PARENTAL SIGN-OFF

I give my permission for the minor named here _____ to participate in the RLIIF program including but not limited to practices and games. I further give RLIIF coaches and officers to seek medical attention in the event of an injury. I agree to indemnify and save hold harmless the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the representative of the league whether caused by the negligence of the releases or otherwise.

Parent or
Guardian Initials _____

ATHLETES RELEASE

I understand that my participation in all RLIIF activities presents risks and dangers of a serious and permanent bodily injury or death. I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue the RLIIF, its Directors, Officers, Volunteers, Coaches, Officials, Owners, Leasers of Premises for all liability from my participation in any RLIIF related travel, lodging, or social/recreational activities. Those under 18 years of age must have parental permission.

Parent or
Guardian Initials _____

PHOTO RELEASE

I hereby give my consent for RLIIF to use my photograph and likeness to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below.

Parent or
Guardian Initials _____

By initialing each section above and signing and dating below, I attest that I have read and understand each section as written.

Parent Signature: _____ Date: _____

EMERGENCY MEDICAL INFORMATION

The following medical and insurance information pertains to the athlete on the reverse side of this form.

Hospitalization Information

Insured Parent

First Name

MI

Last Name

Type of Coverage

Contract Number

Group Number

Employer's Name

Employer's Address

Employer's City

State

Zip

MEDIC ALERT

Name of Doctor

Phone

Name of Dentist

Phone

Preferred Hospital

Phone

Allergies? If yes, please list.

Yes _____ No _____

Allergic to any medication? If yes, please list. Yes _____ No _____

List any other medical concerns _____

COACHING Application Form

Please fill out completely. All applicants must be at least 18 years of age.

First Name	MI	Last Name
Address		
City		Zip Code
Home Phone	Work Phone	
Cell Phone		
E-mail Address		

Please Check All of the following that apply.

I would like to coach: Football Cheerleading

I would like to coach: 3rd & 4th Grade 5th & 6th Grade

I would like to be: Head Coach Assistant Coach

I would like to coach with the following people (please list):

How many years have you coached for RLLF? _____

Certified in CPR? Yes No

Have you ever been convicted of a serious crime other than moving violations?

Yes No If yes, please explain: _____

By signing below, I agree to abide by and uphold all RLLF rules and values. I understand that by violating the RLLF Charter I can and will be dismissed if deemed necessary in accordance with the due process, as set forth within the charter. Furthermore, I understand that that the information provided will remain confidential unless I consent to its distribution. All of the information provided here within is true.

Signature _____ Date _____

***ALL applicants will be reviewed and are subject to approval by the RLLF Officers.**