

SPASH FOOTBALL



Stevens Point Area Senior High

1201 North Point Drive
Stevens Point, WI 54481

Head Coach: Pete McAdams

Phone: 715-345-7373 Ext: 3169

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Fax: 715-345-7310 Athletic Department

Email: pmcadams@wisp.k12.wi.us

STEVENS POINT AREA 7 ON 7 PASSING LEAGUE

Registration and Waiver Form

******Please turn your waiver form into Coach Toelle by June 15. Players will not be able to participate without a completed waiver form.******

SCHOOL: Amherst **GRADE(fall of 2009):** _____

Athletes Name: _____

Address: _____

City: _____ Zip: _____

Home Phone Number: _____

Parent/Guardian: _____

Emergency Phone Number(s): _____

For further information contact Mark Ehr at 570-0040.

I hereby agree for my child to attend the Stevens Point Area 7 on 7 Passing League. I verify that my child has received a physical examination in the past year and is physically capable to participate in the activities related to the passing league. I acknowledge that at the passing league my child will participate in a sport that may involve among other things, physical contact of the body with other persons or objects, including the ground, and may incur the risk of injury. In case of medical emergency I hereby authorize the staff of the Stevens Point Area 7 on 7 Passing League to act for me according to their best judgment, and I hereby waive and release the staff of the Stevens Point Area 7 on 7 Passing League from liability for illness or injury to my child while at the 7 on 7 passing league held Monday nights at 5:00pm from June 15 thru July 27, 2009.

Parent/Guardian Signature: _____ **Date:** _____

Athlete's Signature: _____ **Date:** _____