



Fall Leagues Insurance Information

Player's Name: _____

High School: _____ Grade: _____

Home Address: _____

City: _____ Zip: _____

Email: _____

Cell: _____

Signature: _____ Date: _____

Site: _____

Date: _____

Disclaimer

I am the parent or guardian of the named participant in the Breakdown's Fall Leagues. I hereby give my approval to the participant in the scheduled activities of the event. I also assume all the risks and hazards to incidental contact or injuries and transportation. Breakdown Sports USA and The Breakdown is not responsible for any incidental hazard.



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