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Position(s):	
Email:	
Facebook name (If you have one): Legal/Government First Name (as it is on your birth certificate):	
Phone Number: ()	Is it ok to text you? Yes or No
Emergency Contact Name:	
Emergency Contact Relationship (parent, spouse, sibli	ing, other):
I will not carry or threaten to use wea events I will not engage in physical fights be TEAM/ACFA events I will not use threatening, harassing, of staff, official, or fan. I understand that threats involving gu	BRAVE FOOTBALL TEAM/ACFA events. pons at PG BRAVE FOOTBALL TEAM/ACFA fore, during, or after PG BRAVE FOOTBALL or offensive language toward any player, coach, ns or violence (even implied) are strictly prohibited. to suspension, fines, or expulsion from the league.
Waiver and Release of Liability (READ CAREFULLY I acknowledge that I am voluntarily participating PG BR risk. I understand participation may involve serious injury the PG BRAVE FOOTBALL TEAM/ACFA, its staff, a participation.	AVE FOOTBALL TEAM/ACFA activities at my own v, emotional distress, or death. I agree to hold harmless
I consent to receive emergency medical care if needed and physically fit to participate. I agree this waiver is legally be	
I understand this form is governed by law and that, if any remain in effect.	portion is found unenforceable, the remainder shall
SIGNATURE:	
DATE:	