

TONY DORSETT TOUCH DOWN FOOTBALL LEAGUE 2019
REGISTRATION MUST BE ACCOMPANIED BY "FULL" PAYMENT:
 CASH _____ *OR* CHECK _____

2019

(1) WHAT GRADE WILL YOUR CHILD BE IN THIS FALL? _____
 (2) WHAT IS YOUR CHILD'S AGE ON SEPTEMBER 1, 2019 _____

NAME OF SCHOOL _____

NAME OF CHILD _____

BIRTH DATE _____ LAST _____ FIRST _____ WEIGHT _____

HOME ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

RESPONSIBILITY PARENT(S)/GUARDIAN(S) NAME(S): _____

RELATION TO CHILD _____

EMPLOYER(S) _____

NAME OF INSURANCE _____ POLICY NO _____

FAMILY DENTIST _____ PHONE# _____

FAMILY PHYSICIAN _____ PHONE# _____

HOSPITAL PREFERENCE & PHONE # _____

**LIST BELOW ANY & ALL MEDICAL CONDITIONS THE
 COACH OR TDFL SHOULD KNOW ABOUT:**

SIGNATURE OF PARENT(S) / GUARDIAN(S) _____ DATE _____

SIGNATURE OF PARENT(S) / GUARDIAN(S) _____ DATE _____

email Address (Please PRINT) _____

LIST ALL PHONE NUMBERS (HOME/WORK/CELL/ALTERNATE) BELOW:

www.TDFL.org

2019 SEASON REGISTRATION FEES:

**CO-ED FLAG FOOTBALL
 FOR 6, 7, 8, 9, 10, 11, 12
 TACKLE FOOTBALL
 FOR 8, 9, 10, 11,**

NOW THRU APRIL 30, 2019:	\$100 for TACKLE.....\$80 for FLAG
MAY 1 - MAY 31, 2019:	\$110 for TACKLE.....\$90 for FLAG
JUNE 1 - 30, 2019:	\$150 for TACKLE.....\$99 for FLAG
JULY 1 - 15, 2019:	\$150 for TACKLE.....\$99 for FLAG
JULY 16, 2019 - START OF SEASON:	\$185 for TACKLE.....\$99 for FLAG

TEAMS WILL BE CREATED BY AGE.

AGE ON SEPTEMBER 1 DETERMINES WHICH AGE GROUP YOUR CHILD
 WILL PLAY IN!

**YOU MAY ALSO CHECK OUR WEBSITE, PERIODICALLY
 AT www.TDFL.org FOR INFORMATION!**

**PRACTICE STARTS LATE JULY - EARLY AUGUST!
 SEASON STARTS LATE AUGUST**

YOU WILL BE CONTACTED IN LATE JUNE FOR
 EQUIPMENT CHECKOUT AND IMPORTANT DATES!

*NEW PLAYERS**BIRTH CERTIFICATES**MUST BE VERIFIED*

ABSOLUTELY "NO" REFUNDS

THANK YOU!

Make Checks Payable / Mail Payment to:
 TOUCH DOWN FOOTBALL LEAGUE, Inc.
 POST OFFICE BOX 236
 GALLUP, NEW MEXICO 87305

**MILLENNIUM MEDIA INC
 "WILL NOT" BE
 ACCEPTING APPLICATIONS**



PLEASE MAIL!

PREVENT "LATE FEES"...TURN EQUIPMENT IN IMMEDIATELY AFTER THE SEASON!

2019 Tony Dorsett Touchdown Football League

Release and Medical Waiver of All Claims

This form is to be filled out completely and filed with the Tony Dorsett Touchdown Football Association (TDFL) before applicant can participate in any practices, games, etc.

PARTICIPANT INFORMATION

Name _____
Last First Middle Nickname

Age _____ Birthdate _____ Home Phone _____

Address _____
 City, State, Zip Code _____

Parent / Guardian Names: _____

Family Physician's Name: _____

Family Dentist's Name: _____

Medical Insurance Co: _____ Policy Number: _____

I/We, _____ (Parent/Guardian's Name), hereby consent to _____ (Participant's Name) participating in the 2019 Tony Dorsett Touchdown Football League ("TDFL") football season.

We (Parent/Guardian and Participant) understand that participation in a football program will expose the participant to potential injury or harm because of the nature of the sport.

We represent that the participant has no health or physical problems that will interfere with or should preclude his/her participation in this sport and that we will notify the coach if that changes. We have filled out the participant's medical history and given the names of our participant's physicians.

We hereby assume all risks associated with participating in the TDFL's football program. We further agree that the above identified player's attendance, play and/or participation in any TDFL activities shall be our sole risk.

We also understand that I/we are responsible for the return of all equipment belonging to the touchdown football league which has been issued to my/our child and will be billed in the amount of \$400 if the equipment is not returned to the league upon completion of play for the 2019 season.

We hereby fully and forever release, discharge, the TDFL, TDFL officers, directors, agents, coaches, employees, representatives, committee members, contributors and successors, for any and all claims, causes of action or liability for any injury, loss or damage sustained or incurred as a result of or in any way associated with the participant's attendance at or participation in TDFL activities.

We agree to indemnify and hold harmless TDFL, TDFL officers, directors, agents, coaches, employees, representatives, committee members, contributors and successors, from any loss, damage or expense sustained or incurred by them arising from any such claims, cause of action or liability, whether brought by one or us, anyone acting on our behalf, or anyone else because of conduct attributed to us.

We understand and agree that this Release and Waiver shall be binding upon our heirs, assign and any personal entity acting on our behalf, including a parent, guardian or next of kin.

We have read or have had read to us the above terms of the Release and Waiver, understand the terms, agree to abide by the terms, and hereby acknowledge our understanding of this Release and Waiver.

As parent or legal guardian of above named Participant, I hereby give my consent for his/her participation in the athletic events associated with TDFL. I also grant permission for treatment deemed necessary if a condition arises during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand every effort will be made to contact me prior to treatment.

Signature of parent or legal guardian: _____ Date: _____

Signature of parent or legal guardian: _____ Date: _____

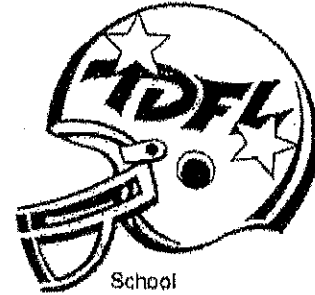
Signature of participant: _____ Date: _____

MEDICAL HISTORY		2019
To be completed by participant parent or guardian, to the best of your knowledge.		
1. Has anyone in participant's family (grandparent, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	Yes	No
2. Has the participant ever stopped exercising because of dizziness or passed out during exercise?	Yes	No
3. Does the participant have asthma (wheezing), hay fever, or coughing spells after exercise?	Yes	No
4. Has the participant ever had a broken bone, had to wear a cast or had an injury to any joint?	Yes	No
5. Does the participant have a history of a concussion (being knocked out)?	Yes	No
6. Has the participant ever suffered a heat-related illness (heat stroke)?	Yes	No
7. Does the participant have a chronic illness or see a doctor regularly for any particular problem?	Yes	No
8. Does the participant have only one of any paired organs? (eyes, kidneys, etc)	Yes	No
9. Has the participant had surgery or been hospitalized in the past year?	Yes	No
10. Does the athlete have / have family history of diabetes?	Yes	No
11. Is the athlete allergic to any medications or bee stings?	Yes	No
12. Does the athlete take any medicine?	Yes	No
* Please give details of any "YES" answers from above. _____		



www.TDFL.org

TONY DORSETT
 TOUCH DOWN FOOTBALL LEAGUE
 P.O. Box 236
 Gallup, New Mexico 87305



2019

Athletic Physical Form

Name Birthdate Grade School
 Address Home Phone
 Sport(s)
 Father Work phone Mother Work phone

Please give alternatives to contact in case of emergency in the event neither parent can be reached:

Name Phone Name Phone

Medical History to be completed by parent (must be complete before physical)

	Yes	No	Yes
Any past injuries			Presently taking medication
Fainting or dizziness while exercising			History of head injury
Allergies			Significant past illness
Asthma			Orthodontia (braces)
Wears contact lenses/glasses			Any ongoing medical problems
Past surgical procedures			Seizures
Any hospitalizations			Bone/joint problems
Tetanus (date)			
Comments on any Yes			
Parent/Guardian signature			

Physical Exam

Height Weight Blood pressure Pulse

Abnormal Comments/Referral **Normal Comments/Referral**

General condition	Gastrointestinal
Skin	Lungs
Ears	Genito-urinary
Eyes	Neurological
Nose	Musculoskeletal
Throat	Spinal
Mouth/dental	Nutritional status
Cardiovascular	Mental health

I approve this student's participation in interscholastic sports for one year YES NO
 Additional comments

PNP Signature Date Physician Signature Date

