



**VFW YOUTH GROUP
2019 KEIKI KODOMO COACH APPLICATION**

NAME _____

GRADE _____ (FALL 2019)

DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ ZIP _____

CELL PHONE: _____

EMAIL: _____

I, the parent or guardian of the above-named child, hereby register him or her for participation in the VFW YOUTH GROUP activities program and do fully agree to the rules and regulations of the VFW YOUTH GROUP and do hereby release the VFW YOUTH GROUP, its officers, members and the managers and coaches from any liability as agreed in the application and registration for VFW YOUTH GROUP membership.

Parent Name (printed) _____

Signature of Parent or Guardian _____

I, _____, release the VFW YOUTH GROUP from all responsibilities for injuries of any nature incurred while participating in any VFW YOUTH GROUP activity(s) program. I understand that medical insurance is my own responsibility.

Signature of Parent or Guardian _____

Date _____