



Letter of Intent (with Injury Waiver)

Sacramento Sirens
P.O. Box 2350
Sacramento, CA 95812-2350

SacramentoSirens.com
sirensfootball@yahoo.com

Player Name _____

Address _____

City _____ St _____ Zipcode _____

Day # () _____ Eve # () _____ Cell # () _____

Home E-Mail _____ Work E-Mail _____

Statement of Intent

I, _____ declare my intent to play women's professional football with the Sacramento Sirens. I agree to comply with the rules of the game, regulations and team policies. I agree to play with respect and good sportsmanship for all players, coaches, referees and staff. I understand that I have the first right of refusal if trade or draft arrangements are made at any time. I disclaim responsibility for any team debts or liabilities, public and private. I understand that this letter of intent does not bar me from participating in other sports in the off season. I understand that there is a one-time tryout fee of \$75.00.

Signature of Player _____ Date _____

Injury Waiver

I, _____ understand that participation in the sport of American style tackle football involves significant risks of serious injury. I acknowledge that I may be injured through participation in tryouts, training camp, drills, practices, workouts, scrimmages, or games.

I submit that I do not knowingly have any existing injury or disability that may effect my performance as a Sirens athlete. I warrant that I am physically able to play football and I accept all of the risks associated with such activity.

I consent to appropriate medical treatment by any of the following Sirens medical staff: Medical Doctors, Orthopedic Specialists, Neurosurgeons, Chiropractors, EMTs and Paramedics, Athletic Trainers, and Massage Therapists.

I understand the terms and conditions of this waiver.

I understand that I am required to sign this waiver prior to participating in any Sirens activity.

Signature of Player _____ Date _____

Sirens Administrator _____ Date _____