

Mid-State Youth Football & Cheerleading Conference No. _____

____ Player

____ Cheerleader

OFFICIAL APPLICATION TO PARTICIPATE

Please Print

Registration Date _____ Age Sept 1st _____ Sign Up Weight _____

Name _____ Birth Date _____
LAST NAME FIRST NAME MIDDLES INITIAL

Address _____ Phone _____
STREET CITY ZIP

School _____ Next Grade _____ Prior Participation? No Yes If yes, how many years _____

Father's Name _____ Address _____ Phone _____

Mother's Name _____ Address _____ Phone _____

Primary E-Mail Address _____

Health Insurance Carrier _____

MEDICAL HISTORY

Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Glasses/Contacts	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Fractures within past year <input type="checkbox"/> Dental braces or bridges	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Head injuries within past year <input type="checkbox"/> Serious illness
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I/We the parent(s) of the above named candidate for position on a Mid-State Conference team, hereby give my/our approval to our child's participation in any and all activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities: and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local League, the organizers, sponsors, supervisors, participates and persons transporting my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/We will furnish a certified birth certificate of the above named candidate upon request to the league officials.

I/We agree to be financially responsible for League equipment my/our child will receive other than the normal wear and breakage during games and practice and I/We will reimburse the League for the loss and damage to said equipment. I/We give permission for League to validate participant's school grades.

Father's Signature _____ Mother's Signature _____
(One Signature Mandatory)

Father's Occupation _____ Mother's Occupation _____

EMERGENCY MEDICAL RELEASE

I/We the parents give our permission for any emergency medical treatment necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled function including the supervised travel to and from said function.

Father's Signature _____ Mother's Signature _____
(One Signature Mandatory)

REGISTRATION CERTIFICATION

ASSIGNMENT	Squad (Circle One)	APPROVAL BY AUTHORIZED OFFICIAL	
Sizes		Birth Certificate	Physical Exam
Shoulder Pad	Jr. Pee Wee		
Helmet	Peewee		
Pants			

FOR ASSOCIATION USE

YES, I WOULD LIKE TO VOLUNTEER TO HELP WITH:	PAYMENTS	
Coaching <input type="checkbox"/>	Play Counter <input type="checkbox"/>	Registration \$ _____ Signature
Team Assistant <input type="checkbox"/>	Picture Day <input type="checkbox"/>	Equipment Deposit \$ _____ Signature
Equipment Dist. <input type="checkbox"/>	Game Field Setup <input type="checkbox"/>	Other \$ _____ Signature
Fundraising <input type="checkbox"/>	Concessions <input type="checkbox"/>	
Chain Gang <input type="checkbox"/>	Other <input type="checkbox"/>	

Do you have a sibling participating in program? Yes No
Warning: Injury may result from playing football or cheerleading.