

Participation Contract, Tracking and ID Card - Page 2

Last Name		First Name		Initial	Preferred (nick) Name	
Street Address		City / Town		State	Zip Code	Home Phone
Cell Phone	Birthdate (mm/dd/yyyy)	Age as of 7/1/19	Parent/Guardian First Name		Parent/Guardian Last Name	
Grade in Fall	School in Fall	School Phone		Email Address		
Medical Insurance (Yes/No)		Name Of Insurance Carrier			Policy #	
Football: <input type="checkbox"/> Cheer: <input type="checkbox"/> --CHECK ONE --		Registration Fee:		Check# Cash:		

GRAY AREAS FOR OFFICIAL USE ONLY!!

Association: _____ **Division:** _____ **Team:** _____

Jersey Number Assigned: _____ **Equipment / Uniform Issued Returned**

PERMISSION TO PARTICIPATE I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading, dance and/or step may result in SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries. I, the parent/guardian of the above-named participant, do hereby give my approval for my child/ward to participate, and further assert that I have verified with my child/wards physician, and in my opinion, my child/ward is physically fit and can participate without limitation in any and all Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver.

Initial: _____

SCHOLASTIC FITNESS

I am of the opinion that my son/daughter/ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my son/daughter/ ward's last completed grade, end of year/last complete report card or a written statement of scholastic fitness from the school administration.

Initial: _____

HELMET WAIVER (for football participants)

As the Parent or Guardians, we acknowledge, AND WE understand the risks involved in my CHILD/WARD, my playing FOOTBALL, which is a collision sport; the NOCSAE committee has adopted the following warning to be read by, and signed by, both the parent/guardian and participant. DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT, THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR, NO HELMET CAN PREVENT ALL SUCH INJURIES.

Parent/Guardian Initial: _____ **Player Initial:** _____

EQUIPMENT UNIFORM RESPONSIBILITY

I assume full responsibility for any and all equipment/uniforms loaned to my child/ward and I agree to promptly return, upon request, the uniform and other equipment in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for and promptly pay the replacement cost of such equipment.

Initial: _____

PLAYER CODE OF CONDUCT TO THE ALLIANCE

The Ideology Of Youth Sports Including This Program Is To Promote Good Understanding And Fundamental Knowledge Of The Sport. It Is Also Critical That Good Sportsmanship Including The Ability To Always Conduct Oneself In An Appropriate Manner Of Positive Accord Both On And Off The Field. It Is Understood That Any Incident Considered Detrimental To The Pursuit Of This Ideology Will Not Be Tolerated. It Will Be Addressed In Accordance With The Statutes Of The Association, Conference, Current National Affiliation, State and Local Laws, And May Result In Dismissal From The Program And The Inability To Participate In Any Future Related Activities Of The Association. This Code Of Conduct Applies To All Involved With The Program Including But Not Limited To, The Football Players, Cheerleaders, Spirit Participants, Parents And Guardians.

Initial: _____

PRINT Parents/Guardian Name: _____ Parents/Guardian Signature: _____ Date Signed: _____

NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes.

