



FLAG FOOTBALL CHEERLEADING Registration Form



Affiliate Name: _____

Participating in: Football Cheerleading Number of years played: _____

T-Shirt Size (circle one) ys (very small) ym yl as am al axl axxl axxxl

Shorts size {included in cheerleading only} (circle one) ys (very small) ym yl as am al axl

Child's Name: _____ Age: _____ DOB: _____

Parent's Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Other person to contact in case of an emergency: _____ Phone #: _____

Family Physician: [Name] _____ [Phone Number] _____

Specific Medical Allergies, Chronic Illnesses, or other conditions (be specific): _____

Date of minor's last Tetanus shot _____

Are you a member of a church? yes no If so, which church? _____

MEDICAL RELEASE:

In absence of an authorized parent or guardian of my child, I hereby authorize Sponsoring Affiliate to obtain medical treatment for the above-mentioned child as a result of accident or injury while participating in Pray then Play Sports activities. This is to include any emergency first aid or medical care by any physician, hospital or attendant, which is deemed necessary by said physician, hospital or attendant as a result of involvement in Pray then Play Sports activities.

I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or any administering of medication in any form for my child.

I/we as parent(s)/legal guardian(s) as primary carriers do assume all costs for necessary medical treatment as needed and allowed in this authorization form.

In order to simplify this process:

Insurance carrier: _____ Plan/Policy number _____

PHOTO RELEASE:

This document also serves as a release for my child to appear in photographs and/or videotapes while participating in the above stated sports league for the purposes of publicity, staff training, and/or promotion.

I as parent/legal guardian signify by signing below I understand that an additional release of liability must be consented to in writing before the above listed child will be allowed to participate in any Pray then Play Sports programs or activities.

Date: _____ Signature of Parent or Guardian: _____

Staff Use Only: Paid \$ _____ cash check# _____