

EYFCL

Grade _____

REGISTRATION FORMS FOOTBALL & CHEERLEADING

Full Name _____ Age _____
(As it appears on BIRTH CERTIFICATE) as of Aug 1st

Name child goes by _____ Date of birth _____

Address _____ City _____

Child lives with _____ Both parents _____ Mother only _____ Father only _____ Other

Father's Name _____ Phones _____

Mother's Name _____ Phones _____

School Childs Attends _____

Name & phone number In case of Emergency other than parents: _____
Relationship _____

Parental Authorization:

AS PARENT OR GUARDIAN OF THE CHILD NAMED ABOVE, I HEREBY, RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE ECLECTIC YOUTH FOOTBALL AND CHEERLEADING LEAGUE OR PERSONS INVOLVED WITH THE DIRECTIONS OF ITS OPERATION FOR ANY CLAIM ARISING OUT OF INJURY TO THE CHILD SO NAMED.

Parent/Guardian Signature Date

ECLECTIC PANTHERS Website Permission Form

Eclectic Panthers Football and cheerleading currently maintains a website at _____. The website is for posting news, schedules, events, rosters, board contacts, scores, pictures, and other items during the season. In order for the board to post pictures on the website, it must have a consent form from every parent for every child in the league.

____ I give my permission for my child's picture(s) to be posted on the Eclectic Panthers website.

____ I do NOT give permission for my child's picture(s) to be posted on the Eclectic Panthers website.

Parent/Guardian Signature: _____

BEHAVIOR STATEMENT OF UNDERSTANDING

I have read the entire Handbook and understand that these rules have been established to make the EYFCL more effective for all involved. I agree that I will be held responsible for my own actions of any guest(s) of mine. These Rules will be enforced. I understand there will be ZERO TOLERANCE for disregarding any/all of these Rules. Board Members of the EFCL reserve the right to Ban or Dismiss anyone affiliated with the League that jeopardizes the Well-being/safety of anyone else indefinitely. (Parent, Child, and/or Guest).

Parent/Legal Guardian Signature _____

Registration Date _____ Receipt # _____ Check # _____ Cash _____
Registration taken by: _____ FOOTBALL _____ CHEERLEADING _____

Freshman

Sophomore

Junior

Senior

MEDICAL HISTORY, INFORMED CONSENT & RELEASE FORM

I hereby give permission for _____ to participate in the ECLECTIC YOUTH FOOTBALL CHEERLEADER LEAGUE. (Print Player's/Cheerleaders Name)

Further, I authorize the coaching staff to provide emergency medical treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment, which in his/her judgment may deem necessary in the care of.

This authorization is only granted if I cannot be reached and a reasonable effort has been made to do so.

Date _____ Parent/Guardian _____

Address _____

Phone Numbers _____

Child's Physician and Phone number _____

Medicines Child currently taking (please list all) _____

Pre-existing medical conditions (allergies, chronic illness, etc.) _____

Date of last tetanus shot _____ other things attending Physician/Staff should know _____

If your child has a health condition or has had a previous injury (broken arm, broken leg, etc.), please make the EYFCL Board Members and the Coaching Staff aware of the condition. Also, be aware that under no circumstances are any football player(s)/cheerleader(s) is to be dropped off at practice or at games without a parent or guardian available in case of an emergency, (Especially if child had/has a past/present-medical problem(s). This is for the player(s)/cheerleader(s) best interest as well as the Volunteer Coaching Staff and the EYFCL Board Members.)

INSURANCE INFORMATION:

Insurance Company _____

Identification/Policy Number _____

Subscriber's Name _____

Place of Subscriber's Employment _____

Employer's Phone Number _____

My child and I are aware that participating in Football or Cheerleading is a potentially HAZARDOUS ACTIVITY and do hereby waiver, release, absolve, indemnify and agree to hold harmless the association and any of its administrators, coaches, or other participants in the event of an injury or illness to my child that occurs during travel to, from or during the conduct of all practices, games and special events. I assume all risks, including but not limited to falls, contact with other participants and the effects of weather, traffic and other reasonable risk conditions associated with this sport. All such risks are known and understood by me.

Child's name _____

Parents/Guardian Signature _____

INSURANCE RELEASE FORM

I, _____, as parent/guardian of _____
(PRINT Parent/Guardian Name) (PRINT Child's Name)

who is a _____, do hereby agree to, release, indemnify, and hold harmless the association and any of its
(football player/cheerleader)

Any of its administrators, coaches, or other participants in the event of an injury or illness to my child that occurs during travel to, from or during the conduct of all practices, games and special events. I assume all risks, including but not limited to falls, contact with other participants, and the effects of weather, traffic and other reasonable risk conditions associated with this sport. All such risks are known and understood by me. By signing this part of the Insurance I understand that I will not file on the Insurance provided by the EYFCL nor will I hold the EYFCL, affiliates, coaches or any related position to the EYFCL responsible for any bill, payment, etc, related to an injury that my child may incur during my practices, games or special events.