



CHEER REGISTRATION FORM

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Phone No: _____ Birth date _____

Cell no. _____ Age: _____ Sport: _____ Football _____ Cheer

Gender: ___ Male ___ Female

School: _____ GradeLevel: _____

Name of Parent/Guardian _____ Email: _____

Relationship to Athlete: _____ Telephone # _____

Address (if different from above)

_____ City _____ State _____ Zip _____

Emergency Contact Information (if the parent/guardian can not be reached):

Name _____

Relationship to Athlete _____

Home Telephone No: _____

Cell or work No.: _____

ESYFL Inc/Associations/Parks. Official Use Only:

Witnessed By: _____

Amount Paid \$ _____

Type of Transaction: _____ Cash _____ Check _____ (check number) _____ Other (please explain below)

After February 15 of participating year NO REFUNDS

ATTENTION: ASSOCIATIONS MAY CHARGE

GATE FEES TO ATTEND GAMES DURING THE SEASON.

I ATTEST ALL INFORMATION I PROVIDED IS ACCURATE

PARENT/GURDIAN SIGNATURE: _____

ESYFL PARTICIPATION AGREEMENT PARTICIPANT NAME: _____

- I, the parent/guardian give my approval for my child to participate in the ESYFL INC. activities and hereby acknowledge my child is in good health to perform/participate in tackle football and I understand the ESYFL INC. is a tackle football league and may result in serious injury, permanent disability, paralysis, and/or death. I acknowledge tackle football is a full contact sport.
- I am aware the ESYFL INC. provides secondary accident insurance that is a secondary to the participant's primary insurance. I understand all the participants primary medical insurance that they have must be used as the primary insurance due to the result of an injury in an ESYFL INC. activity. I agree to inform the head coach and a ESYFL INC. representative of any injury's. I understand that the ESYFL INC. accident insurance has a deductible that the participant's parent/guardian is responsible for.
- As a parent/guardian of my child I agree to uphold the rules, regulations of the ESYFL INC. I understand that any affiliates, including myself and my child/participant can be suspended or permanently banned from ESYFL INC. events if found in violation of the ESYFL INC. rules and regulations.
- I authorize the ESYFL INC. to produce, record, reproduce, broadcast, edit or otherwise, to use participants name, likeness, image, voice, interview, and shall own all rights, title, interest, copyright, including recordings, to be used and disposed of without limitation. I understand that I have no rights to the media used or any benefits derived there from.
- I understand to report any injuries or misconduct by volunteers, representatives or board members of the ESYFL Inc. this must be reported to the league immediately in writing by emailing esyfl@esyfl.net or by submitting the form on the league website at esyfl.net on the "Risk Management" tab.
- I understand when multiple siblings participate in the ESYFL the league cannot guarantee the participants will play at the same park each week.

Rules and Regulations: I have read the above disclosure and fully agree and understand all the terms for my Child to participate in the ESYFL INC. activities.

PARENT/GAURDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN LEGAL NAME (PRINT) _____

PARTICIAPANT SIGNATURE _____ DATE _____