

- FOOTBALL
- CHEERLEADING

# CABARRUS STALLIONS FOOTBALL

## Player/Parent Registration

SEASON 20\_\_\_\_\_

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SCHOOL (CIRCLE ONE): HOME/PRIVATE/PUBLIC SCHOOL

SCHOOL NAME: \_\_\_\_\_

SCHOOL PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**REGISTRATION FEE: \$350.00 per player - \$50.00 discount for each additional family members**

**SECTION II: AGREEMENT CONCERNING NON-REFUNDABILITY OF FEES**

(I/We), the undersigned, as a parent or guardian of a registered Cabarrus Stallions participant, hereby agree and understand that all registration and other fees I have paid to the Cabarrus Stallions are not subject to refund or return.

**SECTION III: LIABILITY RELEASE**

(I/We), the undersigned, hereby waive and absolve the Cabarrus Stallions and all persons, affiliated with for working with, or for the team, thereof, of any liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during the participation in camps, clinics, private coaching, weightlifting, and or any other related activity by my child. In consideration of my signed release allowing my child to participate in the Cabarrus Stallions activity, I, intending to be legally bound, do hereby, my heirs, executor, and administration, waive, release and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against the Cabarrus Stallions, directors, coaches, representatives, volunteers and/or assignee, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or arising out of travel to and/or from respective activities. In event of injury / accident / sickness, the Cabarrus Stallions directors and/or coaches are to contact the designated adult listed on the registration form.

**SECTION IV: INSURANCE AGREEMENT**

(I/We), the undersigned, certify that I understand that I cannot file for reimbursement of medical expenses on behalf of my child or ward under Program provided insurance until after I have paid the deductible amount, and my personal insurance and/or any other institutional insurance has first been paid whatever insurance amounts are appropriately due under these policies.

**PRIMARY INSURANCE PROVIDER:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**SECTION V: SPORTS PRE-PARTICIPATION HISTORY**

Please review all questions with your parent or guardian and answer the following questions to the best of your ability

YES NO Unknown

- Has anyone in the athlete's family (grandmother, grandfather, mother, father, sibling) died suddenly before age 50?
- Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
- Has athlete ever been told he/she has a heart murmur or heart problem?
- Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
- Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?
- Does the athlete have a history of concussion (getting knocked out)?
- Has athlete ever suffered a heat-related illness (heat stroke or heat exhaustion)?
- Does the athlete have anything he/she would like to talk to a doctor about?
- Does the athlete have a chronic illness or see the doctor regularly for a particular problem?
- Does the athlete take any medicines?
- Is the athlete allergic to any medications or bee stings?
- Does the athlete have only one of any paired organs (eyes, kidneys, ears, testicles, ovaries, etc.)?
- Does the athlete wear contacts or eyeglasses?
- Date of last tetanus booster: \_\_\_\_\_

Please elaborate on any "YES" answers: \_\_\_\_\_

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**SECTION VI: AGREEMENT TO SAFEGUARDING RETURN OF LEAGUE EQUIPMENT AND/OR UNIFORMS**

I, the undersigned, as a Pioneer Sports League participant, hereby agree to return any and all equipment and/or uniform issued to me by the Cabarrus Stallions. Upon failure to return said equipment and/or uniform to the program, I hereby agree to reimburse the Cabarrus Stallions, in full, the cost of the replacement of said equipment and/or uniform.

**SECTION VII: CONSENT FOR TREATMENT AND GRANT OF IN LOCO PARENTIS STATUS**

(I/We), the undersigned, parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize the coaches or other Cabarrus Stallions agents permission to seek medical attention for said minor in the event of injury, illness or accident arising from his/her participation in any league activity. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his/her best judgment may deem advisable; and neither said coaches or agent of the Cabarrus Stallions assumes any financial responsibility for exercising this action.

**SECTION VIII: AGREEMENT TO PROGRAM PROCEDURES, POLICIES AND BI-LAWS FOR INVESTIGATION OF COMPLAINT AND ALLEGATIONS**

(I/We) the undersigned, as participants, parents or guardians, agree without purpose of evasion or mental reservation to fully support and abide by the Programs complaint and allegation investigation policies and procedures. (I/We) understand that failure to honor this pledge constitutes grounds for disciplinary actions by the Program up to and including fines, lesser disciplinary actions, and removal from leadership positions or dismissal from the League.

**SECTION IX: AGREEMENT TO EXPOSURE OF PARENT/GUARDIANS AND PARTICIPANTS TO DISCIPLINARY SANCTIONS FOR VIOLATIONS OF PROGRAM CONSTITUTION, BY-LAWS, PROCEDURES AND POLICIES**

(I/We), the undersigned, agree to follow the terms of participation and attendance at Cabarrus Stallions events as a participant, parent or guardian and/or spectator without purpose of evasion or mental reservation. (I/We), the undersigned, certify that I will submit myself to any disciplinary actions and/or sanctions properly imposed by appropriate Program authority for any infractions of the Programs constitution, by-laws, policies and procedures. (I/We) understand that (I/We) have the option of resigning Program membership and any leadership positions in lieu of accepting any disciplinary actions and/or sanctions properly imposed by appropriate Program authority for any infractions of the Program’s constitution, by-laws, policies and procedures.

**SECTION X: AGREEMENT TO PROGRAM COLLECTION AND SAFEGUARDING OF PERSONAL DATA ON PARTICIPANTS AND PARENTS OR GUARDIANS**

(I/We), the undersigned, agree to willingly participate in Program sponsored information gathering efforts to further the mission of the Program, aid in the free flow of information in the public domain as well as the exchange of information with other organizations having similar missions and academic institutions conducting research that may be helpful to the Program with the provision the Program take reasonable precautions to avoid releasing personal identification data without my/our expressed written permission.

**SECTION XI: PARTICIPANT’S AND PARENT’S CODES OF CONDUCT AND ADHERENCE TO CHRISTIAN BEHAVIOR AT PRACTICES AND COMPETITIONS**

(I/We), the undersigned, agree to the following terms of participation and attendance at Cabarrus Stallions events as a participant, parent or guardian and/or spectator without any purpose of evasion or mental reservation. (I/We), the undersigned, certify that (I/We) will, to the best of our ability, conduct ourselves in accordance with the behavior expectations established in the Program’s constitution, by-laws, policies and procedures and the Program’s Code of Conduct to which (I/We) have ascribed. (I/We), the undersigned, have read and understand Section I through XI.

**Parent’s Signatures:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Player’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_