

JERSEY # \_\_\_\_\_

PAYMENT: \_\_\_\_\_  
CHECK #: \_\_\_\_\_  
RECEIPT # \_\_\_\_\_

# HIKES POINT LOBOS YOUTH FOOTBALL AND CHEER

member of the

Louisville Youth Football League

## CHEERLEADERS

REGISTRATION FORM 2023



DIVISION FOR MIGHTY MITES (5, 6 & 7 YEARS OLD), PEEWEES (8 & 9 YEAR OLDS), JUNIORS (10 & 11 YEARS OLD) & SENIORS (12, 13 & 14 YEAR OLDS). \*\*DETERMINED BY AGE OF MAY 1<sup>ST</sup>, A PLAYER IS ELIGIBLE TO BE A SENIOR IF SHE IS 14 YEARS OLD BUT DOES NOT TURN 15 YEARS OLD BEFORE DECEMBER 1st. (NO FRESHMAN)

CHILD'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

CHILDS SCHOOL: \_\_\_\_\_ GRADE (2023) \_\_\_\_\_

FOOTBALL EXPERIENCE: \_\_\_\_\_ FORMER TEAM NAME: \_\_\_\_\_ LAST DIVISION: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK \_\_\_\_\_ CELL: \_\_\_\_\_

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

PLEASE LIST 2 INDIVIDUALS TO CONTACT IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ANY MEDICAL CONDITIONS: \_\_\_\_\_ CHILDS PHYSICAN \_\_\_\_\_

PLEASE LIST KNOWN ALLERGIES, ILLNESS OR PHYSICAL LIMITATIONS \_\_\_\_\_

### PARTICIPANT RELEASE

I, \_\_\_\_\_, (please print) do solemnly swear that I am the Parent or legal guardian of \_\_\_\_\_ and that the above named player/cheerleader was born on \_\_\_/\_\_\_/\_\_\_ . I understand that it is a misdemeanor for me to swear falsely and any such action will be prosecuted to the full extent of the law. I understand that the safety of the participant is the first importance to **Louisville Youth Football League and its Cheerleading programs**. I understand that in spite of all reasonable precautions, injuries can occur. Football is a collision sport and even the best equipment and training will sometimes not prevent an injury due to the many random factors involved in contact. I also understand that cheer leading has its risks as well. The law requires that parental permission be obtained for operative procedures on minors. I give permission for such transportation, diagnostic, therapeutic and operative procedures and transportation as many are deemed necessary for the participant. I, above said name give permission for the said child to participate in the Louisville Youth Football League and its cheer programs. In no way shall I hold LYFL, its agents, clusters, employees, referees, coaches and any other persons participating in said league liable for any injury or losses to myself or child while participating in this league and its programs. I fully understand that I am totally financially responsible for any and all equipment issued by Hikes Point and its Cheerleading programs and return same promptly upon requested by Hikes Point youth Football organization and Cheerleading program.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/2023

**TURN OVER AND SIGN CONDUCT AGREEMENT ON BACK**