

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

SHIRT SIZE: YS \_\_\_ YM \_\_\_ YL \_\_\_ YXL \_\_\_ YXX \_\_\_

S \_\_\_ M \_\_\_ LG \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_

PAYMENT: \_\_\_\_\_

CHECK #: \_\_\_\_\_

RECEIPT # \_\_\_\_\_

# HIKES POINT LOBOS YOUTH FOOTBALL AND CHEER

member of the

GREATER LOUISVILLE YOUTH FOOTBALL ASSOC

## MIGHTY MITES

REGISTRATION FORM 2025

DIVISION FOR MIGHTY MITES

(5, 6, & 7 YEARS OLD)

DETERMINED BY AGE AS OF MAY 1<sup>ST</sup> / 5 YEAR OLDS ARE DETERMINED BY AGE AS OF AUG 1<sup>ST</sup>



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

CHILD'S SCHOOL: \_\_\_\_\_ CURRENT GRADE (2025) \_\_\_\_\_

FOOTBALL EXPERIENCE: \_\_\_\_\_ FORMER TEAM NAME: \_\_\_\_\_ PREVIOUS 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 PHYSICIAN \_\_\_\_\_

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 **Great Louisville Youth Football Assoc. 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 Great Louisville Youth Football Assoc. and its cheer programs. In no way shall I hold GLYFA, its agents, clusters, employees, referees, coaches and any other persons participating in said league liable for any injury or loss to myself or child while participating in this league and its 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. The Great Louisville Youth Football Assoc. maintains a "zero tolerance" policy for all disruptive behavior. This includes adverse actions by coaches, staff, players and fans of the GLYFA. **NO FIREARMS ARE ALLOWED AT GLYFA EVENTS.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/2025

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