



# East Miramar Dolphins

## 2019 FOOTBALL & CHEER REGISTRATION FORM



**PARTICIPANT INFORMATION: (Please Print Legibly)**

FOOTBALL /  CHEER

**This form MUST be filled out by the legal guardian of the participant**

Full Name	Date of Birth	Age	Weight
Address	City	Zip	Tel. Number
School Attending (This Fall)	County	Grade	
Any Known Health Conditions If Yes, please explain	Yes	No	Any Known Allergies If Yes, please explain
			Yes
			No

### PARENT/LEGAL GUARDIAN INFORMATION:

Relationship to Participant (Check One)	Mother	Father	Legal Guardian
Parent's Name	Home Number	Cell Number	
Address	City	State	Zip

### ATHLETIC WAIVER & RELEASE

The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,  I, FOR MYSELF, SPOUSE, AND CHILD/WARD, BY MY SIGNATURE BELOW DO, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for myself, my child/wards', participation; and,  I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', my own, readiness or, hazard during my presence or participation, and/or in the program itself, I will remove myself, child/ward, from participation and bring such to the attention of the nearest official immediately; and,  I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assignee(s), personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS S.W.B.J.A.A d/b/a East Miramar Dolphins (EMD), my Local EMD Affiliate(s), their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, partners, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', my own involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.  I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### REGISTRATION FEES

I fully understand that the registration fee is **NON-REFUNDABLE**.

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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### VIDEO/PICTURE WAIVER

I hereby grant permission for the S.W.B.J.A.A d/b/a East Miramar Dolphins to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me and/or those of my minor child to be used by the S.W.B.J.A.A d/b/a East Miramar Dolphins worldwide for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I understand the S.W.B.J.A.A d/b/a East Miramar Dolphins may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for the S.W.B.J.A.A d/b/a East Miramar Dolphins use or publication of photographs of me and/or those of my minor child. I hereby fully and forever discharge and release the S.W.B.J.A.A d/b/a East Miramar Dolphins from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of me and/or those of my minor child by the S.W.B.J.A.A d/b/a East Miramar Dolphins, and covenant and agree not to sue or otherwise initiate legal proceedings against the S.W.B.J.A.A d/b/a East Miramar Dolphins for such use or publication on my own behalf or on behalf of my minor child. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I acknowledge and represent that I am the Parent or Legal Guardian of the minor child have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor child. I have read and fully understand and agree.

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### MEDICAL FORM

If the Physical provided dated after February 1, 2019 will be voided by injury, accident, illness, and/or the participant is removed from any participation as a result of a suspected concussion or heat related illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach **AND** League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain **WRITTEN** permission from his/her physician to resume participation, which **MUST** include "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from resuming participating in youth flag football, tackle football, cheer, dance or any other athletic activity(s). I am therefore clearing this individual for Full Unrestricted Athletic Participation." This statement must be supplied by the physician to the Participant. I have read and fully understand and agree.

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### CONSENT TO TREAT

I Hereby my signature grant permission for myself or my child/ward to participate in any and all, S.W.B.J.A.A d/b/a East Miramar Dolphins Football and Cheer (EMD) and/or my Local EMD Affiliate(s), program(s) sanctioned event(s), be they official or unofficial, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me. I have read and fully understand and agree.

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ as to the truthfulness of the statements set forth in Sections one through five and acknowledged as being his/her free and voluntary act as to the remainder for the uses and purposes set forth therein.

#### OFFICE USE ONLY

Payment / Amount \_\_\_\_\_ / Receipt# \_\_\_\_\_ Date \_\_\_\_\_

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#### SIZE

XXS, XS, S, M, L, XL

DESIGNATED TEAM: \_\_\_\_\_