



CATTARAUGUS COUNTY MIDGET FOOTBALL LEAGUE REGISTRATION FORM

Club/Town Name: _____

Circle One: FOOTBALL CHEER

Athlete Information:

Participant Name: _____

Home Address: _____

School District: _____

Birthdate: _____

Circle appropriate bracket level based on age:

- FLAG:** 6 or 7 years old as of Dec 1, 20(17/16)
- PEEWEE:** 8 or 9 years old as of Dec 1, 20(15/14)
- MIDGET:** 10, 11, 12 years old as of Dec 1, 20(13/12/11)

Parent Information:

Primary Contact:

Legal Guardian Name: _____

Relationship to the Athlete: _____

Address: _____

Phone Number: _____

Second Emergency Contact:

Name: _____ Phone: _____

Relationship to the Athlete: _____

Medical Information:

Insurance Carrier: _____ Group/ID #: _____

Known Allergies: _____

Past Health Problems: _____

Current Medications: _____

Primary Care Physician: _____

Are immunizations and annual physical up to date: _____

Preferred Hospital: _____

I, the undersigned, give permission for my son/daughter to participate in the Cattaraugus County Midget Football League, Inc. Program and do hereby affirm that he/she has no physical limitation that would preclude participation in tackle football and cheerleading. I understand that, even with safety precautions, accidents happen. I hereby relieve all of the coaches and officials of the Cattaraugus County Midget Football League, Inc. from responsibility for accidental injury and waive my rights to legal prosecution for any such injuries. I acknowledge that my family insurance plan will be used before any benefits will be available from the League Insurance Plan. I hereby grant permission to the Cattaraugus County Midget Football League, Inc. coaching staff or their designees to obtain any Emergency Medical treatment for my son/daughter as may be required. A representative of the CATTARAUGUS COUNTY MIDGET FOOTBALL LEAGUE, INC. will make reasonable attempts to contact the designated guardian at the listed telephone numbers

Signature: _____ Date: _____

Print Name: _____