

Supreme Conference Contract, Tracking and ID Card - Page 2

Last Name	First Name	Initial	Preferred (nick) Name	
<input style="width: 95%;" type="text"/>				
Street Address	City / Town	State	Zip Code	Home Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Date Of Birth (M/D/YR)	Age as of 7/31	Weight	Parent/Guardian First Name	Parent/Guardian Last Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Grade in Fall	School in Fall	School Phone	Home Email Address	
<input style="width: 95%;" type="text"/>				
Medical Insurance (circle one)	Name Of Insurance Carrier	Policy #		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Football: <input type="checkbox"/>	Cheer: <input type="checkbox"/>	--CHECK ONE --		Registration Fee: \$ <input style="width: 95%;" type="text"/>
			Check# Cash: <input style="width: 95%;" type="text"/>	

GRAY AREAS FOR OFFICIAL USE ONLY !!

Association: _____	Division: _____	Team: _____
Jersey Number Assigned: _____	Equipment / Uniform Issued <input type="checkbox"/> Returned <input type="checkbox"/>	

PERMISSION TO PARTICIPATE

I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading, dance and/or step may result in SERIOUS INJURIES, PARALYSIS, PERMANANT DISABILITY AND/OR DEATH. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries. I, the parent/guardian of the above-named participant, do hereby give my approval for my child/ward to participate, and further assert that I have verified with my child/wards' physician, and in my opinion, my child/ward is physically fit and can participate without limitation in any and all Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver.

SCHOLASTIC FITNESS

Initial: _____

HELMET WAIVER (for football participants)

Initial: _____

We acknowledge, AND WE understand the risks involved in my CHILD/WARD, my playing FOOTBALL, which is a collision sport; the NOCSAE committee has adopted the following warning to be read by, and signed by, both the parent/guardian and participant. "DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT, THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR, NO HELMET CAN PREVENT ALL SUCH INJURIES."

EQUIPMENT UNIFORM RESPONSIBILITY

Parent/Guardian Initial: _____ Player Initial: _____

I assume full responsibility for any and all equipment/uniforms loaned to my child/ward and I agree to promptly return, upon request, the uniform and other equipment in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for and promptly pay the replacement cost of such equipment.

CODE OF CONDUCT

Initi

PRINT Parents/Guardian Name: _____

Parents/Guardian Signature: _____

Date Signed _____