Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_ Gender: M / F School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Issues\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Uniform Size: YS\_\_\_\_\_YM\_\_\_\_\_YL\_\_\_\_\_YXL\_\_\_\_\_\_AS\_\_\_\_\_AM\_\_\_\_\_\_AL\_\_\_\_\_AXL\_\_\_\_\_AXXL**

**You must complete and sign this form as a condition of your child's participation in this activity.**

As a parent or guardian, please ask coaches, physicians, and other knowledgeable persons about any concerns you might have at any time about your child's participation or safety. The decision for your child to participate is yours.

 I. ASSUMPTION OF RISKS \_\_\_\_\_\_\_\_initial here

Injuries to participants in the Brentwood Youth Cheer/Football Program may occur from risks inherent in the sport or activity; from placing stress on the body that has not been prepared for; from accidents in learning or practicing techniques; from failing to sport , training, safety or other team rules; and from administration of first aid. Injury can include direct physical, and possibly injury to one's body, and emotional injury experienced as a result of inflicting injury to another or witnessing it. The severity of injury can range from minor cuts, scrapes, muscle strain, to fractures. I hereby agree on behalf of my child that he or she will assume the risk of any injury from participating as outlined above

II. INSTRUCTION \_\_\_\_\_\_\_\_initial here

I have told my child to obey all directions of the instructors and personnel in charge of the sport or activity and their assistants; to comply with all safety instructions; and to refrain from horseplay and other unsafe practices.

 III. MEDICAL AUTHORIZATION Yes / No Circle one

In the event of a serious injury Brentwood Cheerleading & Football will call paramedics to secure your child’s wellbeing; however, Medical treatment from the hospital requires authorization in the child’s behalf. Do you authorize the Brentwood Cheerleading & Football staff to authorize medical treatment for your child in the event of an accident where you are not able to be reached?

EMERGENCY CONTACT INFORMATION:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Method: Credit Card\_\_\_\_\_ Money Order\_\_\_\_\_ Cash\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Refund Policy**: *100% refund before the end of the 1st week of the sport’s scheduled practice. 50% refund before the end of the 2nd week of the sport’s scheduled practice. After the 2nd week of the sports scheduled practice there will be absolutely no refund. No Exceptions.*

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For questions regarding any program, email us at* brentwood.cf@gmail.com*, call at 631*-339-0048

*Or Facebook message us at our page* BRENTWOOD CHEERLEADING & FOOTBALL, INC.