

**Youth Football and Cheer
2024 REGISTRATION FORM**

Program: (FOOTBALL or CHEER) CIRCLE ONE

AGE DIVISIONS: 6U ___ 7U ___ 8U ___ 9U ___ 10U ___ 11U ___

****DETERMINED BY AGE OF JULY 1ST****

NAME: _____ **AGE** _____ **DOB** _____

CHILDS SCHOOL: _____ **GRADE (2024)** _____

FOOTBALL EXPERIENCE (YRS) _____ **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 the **Shively Seminoles Youth Football and 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 Shively Seminoles Youth Football and Cheerleading programs. In no way shall I hold the Shively Seminole Organization, leagues, agents, clusters, employees, referees, coaches and any other persons participating in said league liable for any injury or losses to myself or child while participating in this league, organization, or/and its programs. I fully understand that I am totally financially responsible for any and all equipment issued by the **Shively Seminoles Youth Football and Cheerleading programs** and return same promptly upon requested by the **Shively Seminoles Youth Football and Cheerleading programs**.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____