

# LAKELAND EAGLES

## PARENT/GUARDIAN CONSENT AND AUTHORIZATION

---

In the case of an emergency, I understand that every effort will be made to contact the Parent/Guardians of student athletes. If this is not possible, I hereby authorize the Lakeland Eagles to obtain medical treatment for my child, including without limitation, transportation of my child via ambulance to the nearest hospital.

I understand that the Lakeland Eagles assume no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities.

I authorize the Lakeland Eagles to remove my child from the Lakeland Eagles function in the event the Lakeland Eagles determine, in its reasonable discretion, that my child's actions are detrimental to the general welfare of the Lakeland Eagles functions, program, and other student athletes.

I acknowledge receipt of the recent amendments to TCYFCC's Football and/or Cheerleading Rules, attached hereto. I have read TCYFCC's Football and/or Cheerleading Rules and the amendments thereto. I understand and agree to abide by the policies stated in the Rules, as amended.

I understand that no refunds will be given for any reason.

I understand the Lakeland Eagles may use photographs and/or video of my child for the sole purpose of official Lakeland Eagles business (website, newsletters, registration flyers, social media, etc.). All photographs and/or video footage will be taken during official Lakeland Eagles functions (practice, games, registrations, competitions, etc.). At any time, I may request in writing to the Board of Directors that the image of my child be stopped from usage if I feel that the image is objectionable. The Lakeland Eagles will make all reasonable efforts to remove the image, if possible, in a timely manner after receiving such notification.

I understand that the Lakeland Eagles require each parent to work a minimum of four (4) volunteer hours during the season per child that is registered within the program. This will be at the discretion of the Volunteer Coordinator for Cheerleading and Football and the Team Mom/Dad assigned to my child's team.

I understand that the balance due amount must be paid IN FULL before my child(ren) will be officially rostered and before my child(ren) will get any equipment. Only PAYMENT IN FULL will protect my child's spot on the roster. Any balance not paid in full by the time will be considered an abandonment of my child's spot on the roster and that spot will be open to the public. NO REFUNDS WILL BE GIVEN. Registration fees include insurance, use of equipment/uniforms, homecoming and banquet awards.

I understand that all equipment and/or uniforms MUST BE RETURNED to the Lakeland Eagles on the last game day (or earlier if applicable) or else I will be responsible for a \$30 per month late fee. If the Lakeland Eagles organization must take legal action to recover any non-returned equipment and/or uniforms from myself, I will be responsible to pay all the Lakeland Eagles expenses, including but not limited to legal fees associated with the recovery of the equipment and/or uniforms. Equipment and uniforms are the PROPERTY OF THE LAKELAND EAGLES.

\_\_\_\_\_  
Date of consent

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

# LAKELAND EAGLES

## PARENT/GUARDIAN CONSENT AND AUTHORIZATION (Coach's Copy)

---

In the case of an emergency, I understand that every effort will be made to contact the Parent/Guardians of student athletes. If this is not possible, I hereby authorize the Lakeland Eagles to obtain medical treatment for my child, including without limitation, transportation of my child via ambulance to the nearest hospital.

I understand that the Lakeland Eagles assume no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities.

I authorize the Lakeland Eagles to remove my child from the Lakeland Eagles function in the event the Lakeland Eagles determine, in its reasonable discretion, that my child's actions are detrimental to the general welfare of the Lakeland Eagles functions, program, and other student athletes.

I acknowledge receipt of the recent amendments to TCYFCC's Football and/or Cheerleading Rules, attached hereto. I have read TCYFCC's Football and/or Cheerleading Rules and the amendments thereto. I understand and agree to abide by the policies stated in the Rules, as amended.

\_\_\_\_\_  
Date of consent

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of child

\_\_\_\_\_  
Name of Primary Contact and Relationship

\_\_\_\_\_  
Primary Contact Number

\_\_\_\_\_  
Name of Secondary Contact and Relationship

\_\_\_\_\_  
Secondary Contact Number