

Tri County Youth Football & Cheerleading Conference

Established 2013

PARTICIPANT REGISTRATION/INFORMATION FORM



Child's Name _____ DOB _____
Last First Middle

Address _____ Phone _____

City/State/Zip _____

Emergency Contact _____
Name of Person Phone Number

School attending during season _____ Grade: _____

*Previous season affiliation _____
Organization Child Played for last year

*Waiver may be required if child participated with an organization other than the one participant is registering for

PARTICIPATION RELEASE: I/We the parent(s)/legal guardian(s) of the above named child, hereby give my/our permission and approval for his/her participation in any and all Tri County Youth Football & Cheerleading Conference's activities during the current year. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, including on premises supervision of all times. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless and blameless the organizers, sponsors, supervisors, officers, Board of Trustees, coaches, trainers, and other volunteer persons, for any claim arising out of an injury to my/our child, including transportation to and from activities, except to the extent and in the amount covered by organization or association provided accident or liability insurance, if any.

MEDICAL TREATMENT PERMISSION: I/We, the parent(s)/guardian(s) of the above named child, authorize a physician of an licensed and certified hospital or emergency facility, the nurses and assistants, and/or other medical personnel to perform all treatment and procedures as ordered and deemed necessary as a result of any injury sustained by any child.

EQUIPMENT RETURN AGREEMENT: I/We, the parent(s)/guardian(s) of the above named child, agree that all equipment and uniforms issued to my/our child will be properly cared for and returned to the organization in the same condition as when issued, normal wear and tear excepted, upon the conclusion of the current season or at the time my/our child ceases participation during the current season, or at such time that the organization shall request it return. If such equipment is not returned as stated above, I/We agree to pay to the organization total replacement cost of all equipment and uniforms issued to my/our child.

I/We understand each organization within the Tri County Youth Football & Cheerleading Conference determines its own registration fees and these fees may be non-refundable. This fee is payable before my/our child is allowed to start practice. It is also required that all participants complete a sports physical by a certified physician after May 1st of the season of participation. I/We attest to the fact that I/We have furnished the organization a certified copy of my/our child's birth certificate or other certifiable proof of date of birth. I/We declare all documentation to be forthright and without misrepresentation.

For Organization Use Only

Staple Physician's Sports Physical Statement Here

Age _____ Weight _____ Team _____
As of July 31st

Emergency Contact _____

Phone Number other than home

Allergies/Medical Problems _____

Fees Paid

Amount	Receipt No.	Date

Miscellaneous _____

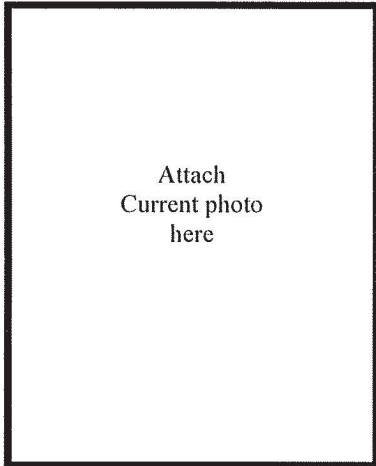
I/We have read this form, certify the information provided is accurate, and agree with all the above conditions.

 Parent/Guardian Date

 Parent/Guardian Date

 Notary Date

Seal of Notary Public



*****Organization Use Only*****
I CERTIFY THE INFORMATION CONTAINED HEREIN TO BE TRUE AND EXACT TO THE BEST OF MY KNOWLEDGE.

 SIGNATURE OF ORGANIZATION OFFICIAL

 TITLE DATE