



MIAMI-DADE/BROWARD SUPER PEEWEE LEAGUE 2024 PARENTAL CONSENT FORM



This form must be dated after January 1, 2024.

This form must be submitted to your LOCAL organization prior to the athlete participating in Miami-Dade/Broward Super Pee Wee League.
No other forms are acceptable

Legal Name of Participant (must match birth certificate) PLEASE PRINT

Last _____ First _____ Middle _____ Also known as _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Gender: _____ Male _____ Female Phone No.: _____

PLEASE CHECK ONE:

Football _____ Cheer _____

Name of Parent/Guardian _____ Relationship to Athlete: _____

Address (if different from above) _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Cell or Work: _____

Email Address: _____

Emergency Contact Information (if the parent/guardian cannot be reached)

Name: _____ Relationship to Athlete: _____

Home Phone No.: _____ Cell or Work No: _____

<p>MIAMI-DADE/BROWARD SUPER PEEWEE OFFICIAL USE ONLY: DONE BY: _____</p> <p>Amount Paid \$ _____</p> <p>Type of Transaction: _____ Cash _____ Money Order _____ Cashier Check</p> <p>Proof of Age Verified? _____ Yes _____ No</p> <p>_____ Birth Certificate or _____ Other (please explain) _____</p>

1/5/2024

This form is not to be used in any Super Pee Wee tournaments outside of the Miami-Dade/Broward Super Pee Wee League

2024 PARENTAL/GUARDIAN PERMISSION AND WAIVER

Participant Name: _____

The undersigned parent and/or legal guardian of the registering athlete, hereby consents and agrees that the above-named minor may participate in the Miami-Dade/Broward Super Peewee League. I hereby release, waive, discharge, and covenant not to sue the Miami-Dade/Broward Super Peewee League, its promoters, participants, association, sanctioning organization, agents, servants, employees, manager, coaches, volunteers, or other persons participating in the League activities, all for the persons herein referred to as "releases", from all liability to the above named minor, his/her personal representatives, assigns, heirs, and next of kin, for any and all loss or damage, and any claim or demands arising out of any injury to my/our child whether the result of negligence or for any other cause.

INTENT TO INFORM

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 and/or dance may result in **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH**. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the coaches, local, league and Miami-Dade/Broward Super Peewee League, and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

EMERGENCY MEDICAL AUTHORIZATION: I hereby grant my permission for any and all medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all Miami-Dade/Broward Super Peewee activities.

INSURANCE DISCLOSURE: I am aware that my local Super Peewee organization carries group accident medical insurance which is secondary or excess to my insurance which is considered primary insurance. Further, I agree to notify in writing my head coach and local Super Peewee organization of any medical claim from participation in Super Peewee as soon as reasonably possible. I understand that the registration fee is not premium for insurance and that deductibles may apply.

EQUIPMENT/UNIFORMS RESPONSIBILITY: I agree to assume full responsibility for all equipment/uniforms loaned to the above-named player and I agree to promptly return, upon request, the uniform and other equipment issued to the above-named player in good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for the replacement cost of such equipment. I agree to furnish an authentic certified copy of a birth certificate of the above name player to Miami-Dade/Broward Super Peewee officials.

FINANCIAL RESPONSIBILITY: I acknowledge that my rights, if any, to a refund depends on the local Super Peewee Organization policies, and I have also been advised of my fundraising obligations for the entire season and agree to fully comply with those obligations.

COMMUNICATIONS, PROMOTIONS, AND CONSENT: As a condition to my child's participation, I consent to receive communications by email and mail from Miami-Dade/Broward Super Peewee, Inc., and its sponsors. I understand that Miami-Dade/Broward Super Peewee does not sell its contact list. Communications may contain program information or special offers. I may "opt out" by instruction in the communication or by my written request to the Super Peewee Office. Further, I grant Super Peewee the right and permission to make, reproduce, broadcast, or otherwise use in perpetuity my child's name and likeness including photograph, films, videos, recordings, or other depictions or images in any form or media throughout the universe, for promotional material, advertising, editorial, trade or other purpose. To the extent that any benefit may accrue therefrom, I forever waive any interest in or claim to such benefit and acknowledge that Pop Warner is under no obligation to exercise any rights granted herein.

ADHERENCE SUPER PEEWEE RULES AND PROCEDURES: I understand that it is my responsibility to comply with all rules and regulations of Miami-Dade/Broward Super Peewee Inc. and its affiliated organizations and understand that non-compliance may be cause for discipline and/or dismissal of my child, myself, and/or other persons affiliated with me or my child. I further understand that my child must meet Super Peewee age requirements on their official certification date as established by Super Peewee without exception. I agree to furnish an authentic certified copy of my child's birth certificate to local Super Peewee officials and understand that valid proof of age, for the current calendar year and a signed medical release form and this form must be presented by date of certification in order to participate in Super Peewee activities. I hereby hold Super Peewee harmless of any financial loss as the result of any disciplinary action.

Signature of Parent/Guardian: _____

Print Full Legal Name: _____

Date: _____