



# 215 FALCONS SPRING FOOTBALL PARTICIPATION FORM



Please complete one registration application for each participant. Be sure to complete and hand in both pages at registration!

**PARTICIPANT INFO**

Participant's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

School Attended \_\_\_\_\_ Please Select One:  Football  Cheerleading

**PARENT/GUARDIAN INFO**

Parent/Guardian's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Local Address, City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Cell Number \_\_\_\_\_ Carrier (ATT, Verizon, Sprint, etc.) \_\_\_\_\_ Receive texts (Yes or No) \_\_\_\_\_

**PAYMENT INFO Registration \$150**  
**Which includes unifom, registration fee, referee fees, and insurance.**

**You may pay by cash, debit, credit, PayPal or CashApp**

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Number: \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_

**MEDICAL INFO**

Any Known Allergies \_\_\_\_\_

Please indicate any physical limitations (hearing, sight, etc.) \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan # \_\_\_\_\_ Pediatrician/Doctor \_\_\_\_\_

**LIABILITY INFO**

I/We, know that participation in football or cheerleading may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the **215 Falcons Youth** Association, the organizers, sponsors, supervisors, coaches, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear. I/We will furnish a birth certificate of the above candidate to Association Officials.

I/We authorize him/her to be treated if necessary in the event that I/We are not available at the time of an injury.

Parent/Guardian's Signature X \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_

**215 Falcons Board Use Only**

<b>Football</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Flag Age (as of 9/1) _____	<b>Eligibility Info</b> <input type="checkbox"/> Physical <input type="checkbox"/> Birth Certificate	<b>Jersey Info</b> Last Name to Appear on Jersey _____ Jersey # _____ Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL      Adult or Youth
<b>Cheer</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Flag Age (as of 9/1) _____	<b>Eligibility Info</b> <input type="checkbox"/> Physical <input type="checkbox"/> Birth Certificate	<b>Warmup Sizing</b> Name to Appear on Warmup _____ Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL      Adult or Youth