

Cedar Cliff Area Midget Football Association

Cheerleader Registration

Participant's Name: _____

Date of Birth: ____ / ____ / ____ Grade (Fall 2007) _____

Mother's Name: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____

Cell Phone: _____ Work Phone: _____

Custodial Parent (If separated or divorced): _____

Email address: _____



Please list an emergency contact other than the participant's parents

Name: _____ Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____ Work Phone: _____

Physician's Name: _____

Physician's Phone Number: _____

Hospital Preference: _____

Allergies: _____

Medical Conditions: _____

Medications: _____

Health Insurance Carrier: _____

ID #: _____

Group #: _____

Name: _____ DOB: _____ SS# _____

Waiver

I/we the undersigned parents/legal guardians do hereby grant permission for the above named child/legal ward, hereinafter referred to as "participant", to participate in the Cedar Cliff Area Midget Football/Cheerleading program. This includes any games, practices, scrimmages, events or competitions. In order that the participant may receive the necessary medical treatment, in the event of illness or injury, I hereby hold the Cedar Cliff Area Midget Football Association, its directors, coaches, representatives or volunteers, harmless in the exercise of this authority, and permit any/all coaches or volunteers to obtain medical treatment for the participant in the event of emergency or other urgent care situation.

I/we accept the full responsibility of any/all medical bills incurred during the emergency or urgent medical treatment sought on the participant's behalf, and understand that only insurance that covers the participant is the participants health insurance.

I/we further acknowledge, understand and agree that in taking part in games, practices, tryouts, scrimmages, events or competitions of the Cedar Cliff Area Midget Football Association and the CFA league that there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that the participant is assuming the risk of such injury or illness by participating.

I/we further agree to hold harmless the Cedar Cliff Area Midget Football Association, including the directors, staff, coaches and volunteers, for any injury or illness incurred by the participant.

Parent/Legal Guardian Signature: _____

Date: _____