



# Seneca Falls Junior Football & Cheerleading League Player Registration 2018

Participant Information			
First Name:	Middle Name:	Last Name:	
Address:	City/Town:	State:	Zip:
Phone:	Email Address:	Date of Birth:	
Age (as of Aug 1 <sup>st</sup> ):	School Attending:	Grade (as of Sept. of current year):	
Circle one:	Player	Cheerleader	
Flag:	C:      B:      A:	Participated last year: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent or Legal Guardian Information	Emergency Contact
Name:	Name:
Relationship to participant:	Relationship to participant:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Alternate Phone:	Alternate Phone:
Email Address:	Email Address:

**Participant Pledge: I will**

- Maintain good standing in school
- Abide by the Officials' decisions
- Show good sportsmanship
- Refrain from using foul language
- Not damage/deface property, buildings, equipment
- Listen and respect coaches, adults, teammates, officials

\_\_\_\_\_  
**Participants Signature / Date**

**Parents Permission to Participate**

I understand that football is a contact sport and my child can be injured while participating as either a "Football Player" or a "Cheerleader" in practice and play of these sports as well as in traveling and all other related activities incidental to my child's participation. I also understand that an injury can be of minor or major variety. With this, I give permission to my child to participate in this program.

In addition to giving full consent for my child to participate, I do hereby waive, release and hold harmless the organizations named, all of their officers, board members, coaches, sponsors, supervisors, and representatives for any injury that may be suffered during the course of normal participation of these sports.

\_\_\_\_\_  
**Parent Signature / Date**

**FLYFCL Certification:**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of FLYFCL Official**

**Procedure for Medical Attention**

I, the undersigned, do hereby authorize the officials of the Finger Lakes Youth Football & Cheerleading League and the Seneca Falls Junior Football & Cheerleading League to contact directly the person(s) named on this contract form and do authorize an attending physician(s) to render such treatment as maybe deemed necessary in an emergency, for the health of said child. I will not hold the FLYFCL Inc. and/or the SFJFCL financially responsible for the emergency care and/or transportation for said child.

\_\_\_\_\_  
**Parent Signature / Date**

**To the Parent/Guardian:** In the event of an injury to your child, it is necessary that you furnish the following information: name and phone number of a relative, friend, neighbor whom will assume temporary care of your child until you can be reached.

\_\_\_\_\_  
**Neighbor or Relative/ Phone**

**Medical Coverage Information**

The Finger Lakes Youth Football and Cheerleading League has accident insurance coverage for medical and hospital expenses with a \$250.00 deductible amount for each accident incurred. **This insurance is a secondary coverage, following Parent/Guardian's own medical insurance coverage.** Any injury that requires medical attention must be reported to team officials immediately and the proper claim forms filled out and submitted to the Seneca Falls Junior Football and Cheerleading League and the Finger Lakes Youth Football and Cheerleading League.

\_\_\_\_\_  
**Parent/Guardian Insurance**

\_\_\_\_\_  
**Carrier Insurance Contract Number**

**Photo Release**

As the parents/guardians of the registered participant, I (we) give the consent that videotapes, photographs, electronic media images, and/or audio recording of his/her voice may be used to promote the Seneca Falls Junior Football and Cheerleading League (SFJFCL) and the Finger Lakes Youth Football and Cheerleading League (FLYFCL).

\_\_\_\_\_  
**Parent Signature / Date**

**Equipment/Uniform Responsibility**

It is the responsibility of the participants and their parents/guardians to return all issued equipment and uniforms at the completion of the season or at such time that the child no longer is participating to the SFJFCL in clean and satisfactory condition (excluding normal usage) in order for the participants to receive their banquet ticket and trophy.

The replacement costs for any missing and/or un-satisfactory condition equipment and uniforms will be the responsibility of the participants' parent/guardian. All costs must be paid in full for the participants to receive their banquet ticket and trophy.

I have read, fully understand, and agree to all of the above.

\_\_\_\_\_  
**Parent Signature / Date**

**League Use:**    **Birth Certificate:** \_\_\_\_\_    **Picture:** \_\_\_\_\_    **Physical (after 8/1/17)** \_\_\_\_\_

**Payment Information:**    **Paid** \_\_\_\_\_    **Cash** \_\_\_\_\_    **Check #** \_\_\_\_\_    **CC** \_\_\_\_\_    **Initials** \_\_\_\_\_

**1 Child:** \_\_\_\_\_    **2<sup>nd</sup> Child** \_\_\_\_\_    **Early discount:** \_\_\_\_\_yes \_\_\_\_\_no

**Volunteer Fee (\$25):**

**Date Paid:** \_\_\_\_\_    **Cash** \_\_\_\_\_    **Check #** \_\_\_\_\_    **CC** \_\_\_\_\_    **Initials** \_\_\_\_\_