

HARMONY YOUTH FOOTBALL & CHEER 2010 SPRING FLAG FOOTBALL

REGISTRATION AND CONSENT FORM

PLEASE PRINT ALL INFORMATION CLEARLY AND COMPLETE EVERY LINE

PARTICIPANT INFORMATION

CHILD'S NAME: _____ HOME PHONE#: _____ MALE: FEMALE:
 STREET ADDRESS: _____ APT #: _____ CITY: _____ ZIP: _____
 BIRTHDATE _____ AGE(as of April 1, 2010) _____
 PRIMARY EMAIL ADDRESS _____

PARENT OR GUARDIAN INFORMATION

FATHER OR MALE LEGAL GUARDIAN NAME: _____ EMPLOYER: _____
 HOME TELEPHONE: _____ CELLULAR TELEPHONE: _____ WORK TELEPHONE: _____
 MOTHER OR FEMALE LEGAL GUARDIAN NAME: _____ EMPLOYER: _____
 HOME TELEPHONE: _____ CELLULAR TELEPHONE: _____ WORK TELEPHONE: _____
 INSURANCE CARRIER: _____ POLICY NUMBER: _____

PHYSICIAN/PRIMARY CARE DOCTOR: _____ OFFICE TELEPHONE: _____

EMERGENCY CONTACT INFORMATION

| | | |
|---------------------|---------------------|--------------------------|
| CONTACT NAME: _____ | RELATIONSHIP: _____ | PRIMARY TELEPHONE: _____ |
|---------------------|---------------------|--------------------------|

PARTICIPATION CONSENT AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, the Parent or Legal Guardian of the above-named child, hereby give my permission and approval for his/her participation in all activities of Harmony Youth Football & Cheer 2010 Flag season. I understand that football is a contact sport containing risks, including but not restricted to: serious injury, the possibility of paralysis, or death. These are inherent to said child being involved in the sport. Therefore, the above name-child and I assume all risks and hazards incidental to the conduct of all activities, including possible negligence of agents (together with, but not limited to, all coaches, officers, members, commissioners, and directors), servants, or employees of Harmony Youth Football & Cheer. This also includes its organizers, sponsors, and/or any of its or their agents, servants, and employees and anyone transporting said child to or from activities of Harmony Youth Football & Cheer.

Also, I and the above-named, involved child hereby release, indemnify, and hold harmless all said individuals and/or entities from all responsibility for any right, action, claims or liens which arise as the result of the negligence of such released and indemnified parties whom I will and do hold harmless. I will furnish an original signed statement – on a Pop Warner medical form only – from an examining physician, of the current year, showing that the child is physically fit and there are no observable conditions that would contra-indicate him or her playing football. In addition, I will show a certified copy of said child's birth certificate (with seal), including giving one photocopy, to a staff member from registration. In addition to the above, by signing below I have read and agree to the "General Behavior and Disciplinary Policies" of this Organization.

In case of an emergency, if my physician/primary care doctor cannot be reached, I hereby authorize the above-named child to be treated by another qualified, licensed physician or emergency personnel who is/are available.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE _____

REGISTRATION SUBMITTAL INSTRUCTIONS AND CONTACT INFORMATION

PLEASE MAIL DOCUMENTATION /MAKE PAYMENTS TO: HARMONY YOUTH FOOTBALL & CHEER

P.O. BOX 700621 ST. CLOUD FL 34770-0621

YOU MAY ALSO EMAIL REGISTRATION TO narcoossedawg55@aol.com

\$54.48 REGISTRATION FEE IS NON-REFUNDABLE AFTER THE 1ST DAY OF PRACTICE.

Administration Complete Only

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|---------------|----------------|-------------------------|----------------|------------|
| Ck# _____ | Amount\$ _____ | Birth Certificate _____ | Physical _____ | Team _____ |
| Sibling _____ | Team _____ | Sibling _____ | Team _____ | |