

# Eden-N. Collins Little Loop Football & Cheerleading 2010

## REGISTRATION FORM & INFORMATION

Child's Name: \_\_\_\_\_  
(Last) (First) (MI)

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Mother Phone: \_\_\_\_\_  
(day) (evening) (cellphone)

**E-mail Address** \_\_\_\_\_

Father (if different)  
Phone: \_\_\_\_\_  
(day) (evening) (cellphone)

**E-mail Address** \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 11/15/10 \_\_\_\_\_

ELL Veteran: Yes No Squad last year \_\_\_\_\_ Name of School: \_\_\_\_\_

### **Squad this year (please circle one)**

### **Jersey Number requested (please give two)**

**Cheerleading:** Peewee Freshmen JV 1) Jersey # \_\_\_\_\_ Jersey Size \_\_\_\_\_

**Football:** Peewee Freshmen JV Varsity 2) Jersey # \_\_\_\_\_ Football Wgt. \_\_\_\_\_

1. We the parents / guardians of the above named child release and agree to hold Eden Little Loop Football & Cheerleading and Hunter James Kelly Youth Football & Cheerleading Association, Inc. harmless of any loss, claim or damage as a result of their participation in the football and cheerleading program. We certify that this child is covered by a policy of insurance, which will pay for any medical expenses in the event of any injury, and we understand that the "Eden Little Loop Football & Cheerleading", Inc. insurance acts as a secondary to our own policy.

2. A physical examination is required **prior to participation**.

3. We agree to return or pay the current replacement cost for all Football and /or Cheerleading equipment issued by and belonging to Eden Little Football & Cheerleading, Inc. at the end of the playing season.

4. We understand that our child is required to participate in fund-raising activities for this organization.

5. We understand that Eden Little Loop Football & Cheerleading is a volunteer run Little League and that each parent is asked and expected to donate a small amount of time to help in the achievement of each child and the success and continuation of this organization.

6. **We understand that all fees are NON-REFUNDABLE.** A \$50.00 Bank fee charged for returned checks!

7. We understand that our child must be fully registered, including all required forms and registration fees paid, before active participation is allowed with their team.

8. No child will be allowed to participate if she/he is missing a major organ such as eye, kidney, lung etc unless agreed upon in writing from parents, doctor, coach and Eden Little Loop Football & Cheerleading Board of Directors.

\*\* \_\_\_\_\_  
(SIGNATURE OF PARENT/ GUARDIAN GRANTING PERMISSION) (DATE)

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## **AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY READ BEFORE SIGNING**

In consideration of being allowed to participate in any way within the EDEN LITTLE LOOP FOOTBALL & CHEERLEADING program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. I understand and recognize that football is an aggressive physical sport and that contact between players is intrinsic to the nature of the game. In playing the game of football there is a risk of injury, up to and including loss of life, and while particular rules, equipment, and personal discipline may reduce this risk, the risk does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any behavior or condition which I regard as unusual or posing a significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. Let it also be known Eden Little Loop Football is not require to have emergency medical services on-site to attend any football game, practices or have any person in a medical capacity, attend any event.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS; EDEN LITTLE LOOP FOOTBALL & CHEERLEADING, INC. Program, their officers/board members, officials, agents, coaches and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damaged to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\*\*

\_\_\_\_\_  
(Parents / Guardian Signature)

\_\_\_\_\_  
(Date)

### **FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and understand the Waiver and Release of Liability for (print or have **child sign or print here**) \_\_\_\_\_ which has been signed by my child and do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\*\*

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

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## EMERGENCY INFORMATION

Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

Squad / Division \_\_\_\_\_

Parent/Guardian:

1. \_\_\_\_\_ Phone# \_\_\_\_\_

2. \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact Person if unable to reach Parent/Guardian:

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

IN THE EVENT THE NEED ARISES TO PROVIDE UNFORESEEN OR EMERGENCY TREATMENT TO MY SON OR DAUGHTER, I UNDERSTAND THE EVERY EFFORT WILL BE MADE TO CONTACT ME OR THE EMERGENCY CONTACT PERSON LISTED ABOVE; HOWEVER, IN THE EVENT THAT NEITHER I NOR THE EMERGENCY CONTACT PERSON CAN'T BE CONTACTED, I HEREBY AUTHORIZE AND GIVE PERMISSION TO THE COACHING STAFF AND BOARD OF DIRECTORS OF THE EDEN LITTLE LOOP FOOTBALL & CHEERLEADING, INC. TO ACT ON MY BEHALF AND GIVE THEM THIS MEDICAL ASSIGNMENT RELEASE FOR NECESSARY MEDICAL TREATMENT.

My son/daughter is currently taking prescribed medicine? Has the following medical condition? Have in the past had medical conditions? Or any special medical conditions that we should be made aware of?

\*\*  
PARENT OR LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **FOR LEAGUE USE ONLY** : (fill in weight & check each of the other items upon completion)

Football Weight \_\_\_\_\_ Birth Certificate filed \_\_\_\_\_ Fee paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Check No. \_\_\_\_\_

Health & Histroy / Physical Info. \_\_\_\_\_ Sign By Doctor \_\_\_\_\_ Waiver & Release \_\_\_\_\_ Registration Form Info \_\_\_\_\_

Signed Up For Parking: \_\_\_\_\_ Signed Up For Snack Shack: \_\_\_\_\_ Check & No. for Snack Shack: \_\_\_\_\_

Emergency Info \_\_\_\_\_ Reviewed By (print name or intial) \_\_\_\_\_

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# ***Eden-N. Collins Little Loop Football & Cheerleading 2010***

## **Hunter James Kelly Youth Football & Cheerleading Association**

### **Release and Waiver of Liability and Indemnity Agreement**

(Please read carefully before signing)

In consideration of being permitted to participate in any Hunter James Kelly Youth Football and Cheerleading Association programs, competitions, practices, other activities or events, the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will inspect, and will instruct the minor participant to inspect, prior to participating in the youth football/cheerleading activity or event, the facilities and equipment to be used, and if he, or she, or participant believes anything is unsafe, the parent(s), or legal guardian(s), or participant should immediately advise the officials of such condition and refuse to participate. I/We understand and agree that, if at any time, I/We feel anything to be UNSAFE, I/We will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/We fully understand and acknowledge that:
  - (a) There are risks and dangers associated with participation in youth football/cheerleading events and activities which could result in bodily injury, partial and/or total disability, paralysis, infection(s), and death.
  - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
  - (c) These risks and dangers may be caused by the action, inaction or negligence of the participant, or the action, inaction, or negligence of others, including, but not limited to, the Releasees named below.
  - (d) There may be other risks not known to me/us or are not reasonably foreseeable at this time.
3. I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis, infection(s) or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Hunter James Kelly Youth Football and Cheerleading Association and its participating youth football and cheerleading organizations and any facility or equipment provider used by the participant, including its owners, managers, promoters, leases of premises used to conduct the youth football/cheerleading event, program, or activities, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the youth football/cheerleading facility or events held at such facility and each of them, their directors, officers, agents, volunteers, coaches, employees, all for the purposes herein referred to as "Releasee" ...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO, THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/We hereby acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this waiver and release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his or her behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent/Guardian Signature (if minor) \_\_\_\_\_

Parent/Guardian Signature (if minor) \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Address of Participapnt \_\_\_\_\_

Received By: \_\_\_\_\_  
Registrar Signature Printed Name Date

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## Health History/Physical Form To be filled out by Doctor

Dear Parents:

In order for our Coaching Staff to better understand and to meet the needs of your child, if the situation arises, we ask that you provide us with the following information. All information contained within will be held in strict confidence and shared only with authorized Eden Little Loop Football personnel as deemed necessary. As a parent of the child playing you understand that this information is to be current and correctly reported for the benefit of the child.

Childs Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Peferred Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_ Health Insurance Carrier \_\_\_\_\_

(Please Give yes/no & Approximate Dates)

Asthma \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Diabetes \_\_\_\_\_ Seizures/Epilepsy \_\_\_\_\_ Bleeding Disorder \_\_\_\_\_

Fractures \_\_\_\_\_ Concussion \_\_\_\_\_ Medication \_\_\_\_\_

Allergies \_\_\_\_\_ Bee Stings \_\_\_\_\_ Hay fever \_\_\_\_\_

High Blood Pressure \_\_\_\_\_ Heart Problems \_\_\_\_\_

Dizziness/Faint Spells \_\_\_\_\_ Other \_\_\_\_\_

Operations/Serious Injuries (please explain) \_\_\_\_\_

**My child is "classified" with the following "special circumstance" that may effect his/her specific behavior or actions that the Coach should be made aware of:**

(Please comment if applicable)

Eye Sight \_\_\_\_\_

Hearing \_\_\_\_\_

Learning \_\_\_\_\_

Attention \_\_\_\_\_

Mood \_\_\_\_\_

Behavior \_\_\_\_\_

Other \_\_\_\_\_

**\*\*Please Note – This Physical is void if your child has a significant injury or illness.**

This certifies that the above named child may participate in CONTACT FOOTBALL.

\_\_\_\_\_  
**Physician Signature**

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

**This physical form must be completed by a parent or guardian and returned no later than first practice or your child will not play.**

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