

# Finger Lakes Youth Football and Cheerleading League, Inc.

Contract 2008

**Participant Information:** Please print – *All* information must be completed in order for your child to participate.

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

School District: \_\_\_\_\_ Age (as of 8/1/08): \_\_\_\_\_ Date of Birth: \_\_\_\_\_



Player	Cheerleader	A-Team	B-Team	C-Team	Flag	Participated last year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Participant Pledge

*I will:*

- maintain good standing in school
- abide by officials' decisions
- show good sportsmanship
- refrain from using foul language
- not damage/deface property, buildings, or equipment

\_\_\_\_\_  
Participant's Signature / Date

**Parents' Permission to Participate:** I understand that football is a contact sport and my child can be injured while participating as a "player" or "cheerleader" in practice and play of the sport, as well as in traveling and other related activities incidental to my child's participation. I also understand that an injury may be of a minor or major variety.

In addition to giving full consent for my child to participate, I do hereby waive, release, and hold harmless the organization named, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered during the course of normal participation of this sport.

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

**Procedure for Medical Attention:** I, the undersigned, do hereby authorize officials of the Finger Lakes Youth Football and Cheerleading League to contact directly the persons named on this Contract Form, and do authorize an attending physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of said child.

\_\_\_\_\_  
Required Signature of Parent or Guardian / Date

**To Parent or Guardian:** To serve your child in care of an accident, it is necessary that you furnish the following information for emergency cases. List neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

\_\_\_\_\_  
Neighbor or Relative / Phone Number

**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'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 by the parent team of the Finger Lakes Youth Football and Cheerleading League.

\_\_\_\_\_  
Parent Insurance Carrier

\_\_\_\_\_  
Contract Number

FLYFCLI Certification

\_\_\_\_\_  
Certification Weight

\_\_\_\_\_  
Signature of FLYFCLI Official

ATTACH COPY OF BIRTH CERTIFICATE HERE

**Photo Release (web site, game program, end of season slide show):**

I, being parent/guardian of \_\_\_\_\_, hereby consent that the videotapes, photographs, and/or electronic images bearing his/her image, and/or audio recording made of his/her voice, may be used by the Jordan-Elbridge Youth Football and Cheerleading League, Inc., its assigns or successors, in whatever way they desire; furthermore, I hereby consent that such photographs, recordings, electronic images, website, and the tapes, and/or software from which they are made, shall be their property, and they shall have the right to duplicate, reproduce, and make other uses of such photographs, films, recordings, electronic image, and tapes as they may desire free and clear of any claim whatsoever on my part.

Date: \_\_\_\_\_

Name of participant: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Office Use Only:**

Uniform Size: \_\_\_\_\_

**Tackle Only**

Helmet Size: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

**Cheer Only**

Chest: \_\_\_\_\_ Waist: \_\_\_\_\_

Hips: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

**Fund Raising**

Buy Out \$ \_\_\_\_\_

Fund Raiser 1 \$ \_\_\_\_\_

Fund Raiser 2 \$ \_\_\_\_\_

Registration Total: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Date: \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

- Parent Participation
- Photo
- Birth Certificate
- Physical
- Medical Coverage / Number
- Contract Complete

