**2018 BLAZER MIDGET FOOTBALL AND CHEERLEADING**

**REGISTRATION & MEDICAL RELEASE FORM (one form per child)**

**\_\_\_\_ Tackle Football - $135 \_\_\_\_\_ Cheerleading - $135 \_\_\_\_\_ Flag Football - $70 \_\_\_\_\_ Flag Cheerleading - $70**

**\_\_\_\_ Volunteer Fee - $40 (refundable)**

Birth Certificate: YES or NO (circle one)

Participant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female Date of Birth\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City Zip

Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give my permission for the administration of medical treatment to my child in the event of any accident, injury, or illness until such time as I can be contacted personally. I hereby assume the responsibility for any and all financial obligation which might arise from the treatment and/or transportation to a medical facility.

**Parent or Guardian Information PHONE NUMBER MUST BE PROVIDED**

Guardian #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the event that I cannot be reached, the following have my permission to give additional approval for treatment:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

**Medical Insurance Information:**

Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #

Address

1.) Does the participant have any other medical conditions that the coaches need to be aware of? \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO

If YES, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Are there any custodial issues that BMF should be aware of? \_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO

If YES, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE COMPLETE REVERSE SIDE OF FORM***

**BLAZER MIDGET FOOTBALL AND CHEERLEADING**

**REGISTRATION & MEDICAL RELEASE FORM**

**As a parent/guardian of the registered child, I hereby declare that the Blazer Midget Football & Cheerleading Program, the officials, and the coaches are not liable towards any injury or losses that the player might receive directly or indirectly from training, traveling to and from, competing, or any other activity associated with this program. I agree to return all uniforms and equipment which are the property of Blazer Midget Football. I understand that I am financially responsible for any equipment not returned after the completion of the season.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature

Grade (Sept. 2018) \_\_\_\_\_\_\_ Age (as of June 30, 2018) \_\_\_\_\_\_\_

School (Sept. 2018) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Amount \_\_\_\_\_\_\_\_\_\_ Check Number \_\_\_\_\_\_\_\_\_\_\_

**PERSONALIZED JERSEY NUMBER SELECTION (Flag or tackle football only)**

**Size: \_\_\_\_\_\_ (youth sizes up to 5XL)**

**­**

Jersey Number Choice #1 \_\_\_\_\_\_\_ Choice #2 \_\_\_\_\_\_\_ Choice #3 \_\_\_\_\_\_\_

LAST NAME (Please use Capital Letters)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Parent or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent is interested in (circle one): HEAD COACH ASSISTANT COACH NON-VOLUNTEER