

Name of Football Player or Cheerleader:

TEAM/
SQUAD:

Last Name

First Name



BERLIN BEARS YOUTH FOOTBALL AND CHEER REGISTRATION FORM

PARTICIPANT INFORMATION FOR 2026 SEASON

First Name

Last Name

Date of Birth

Grade in Fall of 2026

Name of School

Age in Fall

Current Weight

Player's Legal Residence for Eligibility

Do you request your child to play as an Older-Lighter?

Yes

No

PARENT/GUARDIAN INFORMATION

Parent /Guardian #1

Home/Cell

Work

E-mail

Parent /Guardian #2

Home/Cell

Work

E-mail

MEDICAL INFORMATION AND AUTHORIZATION

Medical Ins. Co.

Group/Policy Number

Member Number

Primary Insured Name

Medical Conditions/Allergies/Medications:

By signing below, as the Parent and/or Legal Guardian of the minor participant, I certify that this child is physically fit and I has no medical or observable conditions which should prevent him or her from participating in tackle football, cheerleading or athletic activities. I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I also certify to the truth of the statements above and that I am authorized to consent to the minor's participation in this program. I have read and understand this notice and I agree and consent.

Signature

Date

Printed Name of Person Signing