



BISMARCK LIONS YOUTH ATHLETICS (BLYA)

P.O. Box 463 - Bismarck, AR 71929 - bismarcklionsyouth@gmail.com

BLYA Football/Cheer Registration Form

TODAY'S DATE: _____

Choose an Activity: Football

Cheer

Athlete Information

Name: _____

Address: _____

Date of Birth: _____

Grade (this coming fall): _____

List any allergies or medical issues the coaches should be aware of: _____

Parent/Legal Guardian Contact Information

Contact Name 1/Phone #/Email: _____

Contact Name 2/Phone #/Email: _____

<p>I would like to volunteer to be:</p> <p>*Head Coach <input type="checkbox"/></p> <p>*Assistant Coach <input type="checkbox"/></p> <p>No Thanks <input type="checkbox"/></p> <p><small>*(Please note: volunteering does not guarantee a position)</small></p>	<p>Volunteer Information:</p> <p>Name(s): _____</p> <p>Address: _____</p> <p>Contact Info (Phone/Email): _____</p>
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BLYA Registration Completion Checklist (to be completed by BLYA Administration only):

Completed Registration & Parent/Guardian/Athlete Agreement & Emergency Medical Release Form

Registration Fee

Athlete Uniform Information:

*Shirt Size: _____

*Shorts/Skirt Size: _____

Football Number: _____

*Parents/Guardians are responsible for costs associated with incorrect sizing.

Parent/Guardian/Athlete Agreement & Emergency Medical Release

Parents/Guardians

- **Medical Release:** My signature on this form authorizes the football/basketball/cheer coach, any authorized BLYA personnel, or an official to obtain any emergency medical attention for my child, _____, during football/basketball/cheer activities. I also agree to notify the coach of any changes of information to this form.
- **Acknowledgement of Risk:** By signing below, I acknowledge that I am aware that there is a possibility that my child may suffer mild, moderate, or severe injury, including paralysis or death due to participation in athletic activities. I further acknowledge that any injury may cause life-long disability to joints, muscles, ligaments, tendons, or any of the major vital organs.
- **Medical Acknowledgement:** I also agree, by signing below, to permit my child to engage in extracurricular activities associated with BLYA. I have signed a medical release allowing appropriate representatives to administer appropriate medical care for my child, and I shall assume all medical payments and recognize that BLYA does not have a medical insurance plan. I also agree that my child is medically cleared to participate in athletics and will produce a current physical for my child upon request.
- **Social Media/Internet Acknowledgement:** From time-to-time your athlete's picture or game video could be posted to online social media or web pages. By signing, you acknowledge the possible use of social media/internet and agree to hold harmless the BLYA Board and the organization for the use of social media/internet.
- **Uniform Sizing:** I understand and agree, by signing below, that I am responsible for the uniform size ordered for my child. If I order the incorrect size for my child, I will be responsible for alterations and/or costs associated with ordering a new size (including extra fees to handle expedited shipping, rushed printing, etc.)
- **Concession Stand Duty:** I understand and agree, by signing below, that as a parent/guardian I am required to participate in limited concession stand duties for home games of the upcoming season.

Parents/Guardians/Athletes

- **Handbook Compliance:** By signing below, I acknowledge that I understand all of the information and agree to all of the terms, rules, eligibility requirements and regulations included in the BLYA Handbook. The handbook is available at www.bismarcklionsyouth.com and is distributed via download.

Parent Signature

Date

Athlete Name/Signature

Date