

FINGER LAKES YOUTH FOOTBALL CHEERLEADING LEAGUE, INC. Contract 2026

Participant Information: Please Print Legibly

ATTACH PICTURE

Name (Last, First, Middle) _____

Address _____ City/Town, State Zip _____

Parent Name: _____ Phone: _____ E-mail address: _____

Parent Name: _____ Phone: _____ E-mail address: _____

What grade will your participant be in for the upcoming school year: _____

Age (as of 12/1 this year) _____

Date of Birth: _____

Please Circle: Player Cheerleader

TEAM: A-Team B-Team C-Team Flag

Participated last year: YES or NO If yes, what squad _____

Participant (Player/Cheerleader) 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

Player/Cheerleader (Child) 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 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.

Parent Signature / Date

To Parent or Guardian:

To serve your child in case of an accident, it is necessary that you furnish the following information for emergency cases. List a neighbor or nearby relative who will assume temporary care of your child if you cannot be reached;

Emergency Contact Name: _____ Home#: _____ Cell#: _____

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. **The FLYFCL insurance is secondary coverage**, following the participant'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 Signature / Date

FLYFCL Certification

FLYFCL Executive Board Member

Official Date