

2009 CROSS COUNTY YOUTH FOOTBALL INC. REGISTRATION
(MAIL TO: 3915 Acorn Circle, Brunswick, OH 44212)

PLEASE Complete in full and print the following information:

CHILD'S NAME _____ D.O.B. _____ AGE _____ WT _____
ADDRESS/CITY/ZIP _____ BOY/GIRL _____
HOME PHONE _____ WORK _____ E-MAIL _____

SPORT:
Football: Flag Tackle JV Varsity **Cheer:** Flag Tackle JV Varsity (Size# ____ Child/Woman)

RETURNING PLAYER? YES/NO IF YES, Team Played Last Season _____

PARENTS/GUARDIAN'S NAME(S) _____

EMERGENCY INFORMATION (ALL INFORMATION **MUST** BE COMPLETED & SIGNED) EMERGENCY NAME (OTHER THAN PARENTS), PHONE NUMBER & RELATIONSHIP TO CHILD _____

HOSPITAL AUTHORIZATION: Should it be necessary, the coaches or any league officials have the authority to sign the necessary papers for medical treatment for my child. I prefer my child to be treated by

DR _____ PREFERRED HOSPITAL _____ ADDRESS/PHONE _____

PARENT/GUARDIAN SIGNATURE _____

INSURANCE: Insured Parent _____ ADDRESS/PHONE _____

INSURANCE COMPANY _____ POLICY NUMBER _____

EMPLOYER'S NAME/ADDRESS _____

PLEASE READ CAREFULLY BEFORE SIGNING: We consent to our child's participation in the Cross County Youth Football, (CCYF) Inc. Program. In consideration for permitting our child to participate in the activities conducted by CCYF, Inc. we release, waive, discharge, covenant and relinquish any and all action or cause of action against Cross County Youth Football Inc, its Officers, Promoters, Officials, Staff and/or Coaches for personal injury, death, and/or property damage occurring to our child as a result of engaging in the activities conducted by CCYF, Inc. or otherwise while for any purpose participating in activities conducted by CCYF, Inc. We further release all Officials, Officers, Promoters, Staff and/or Coaches from any claim whatsoever on account of first aid, treatment or service rendered to our child during participation in CCYF, Inc. We agree to return all equipment issued CLEAN and in good condition to CCYF, Inc. and accept the responsibility for the replacement cost of any equipment not returned to CCYF, Inc. by the date notified. We further agree that participation in the CCYF fundraiser is mandatory and agree to abide by all League rules regarding complete participation in the CCYF, Inc. Fundraiser. We also understand that players' participation in CCYF, Inc. is solely at the discretion of CCYF, Inc. and that players may be dismissed without cause and there will be no refund of the registration or any other fees. We also understand that no refund will be made of any fees paid if our child quits or is withdrawn from CCYF, Inc. All fees paid will therefore be considered a donation to CCYF, Inc. We also agree that our child may be assigned to any team or division within CCYF, Inc. and that any CCYF, Inc. decision is final.

Players Fees: Flag Football \$60.00 Cheerleading \$65.00 Tackle Football/Tackle Cheerleading \$90.00

PARENT SIGNATURE _____ DATE _____

PLAYER SIGNATURE _____ DATE _____

-----Do Not Write Below This Line-----

RETURNING PLAYER Y/N FEE _____ PAYMENT METHOD _____ TEAM _____

ACCEPTED FOR CCYF BY _____ DATE _____