

Attach check(s) here.

2012 CROSS COUNTY YOUTH FOOTBALL INC. REGISTRATION

(Mail to 3915 Acorn Circle, Brunswick, Ohio 44212)

PLEASE Complete in full and print the following information:

NAME OF CHILD: _____ DATE OF BIRTH _____ AGE _____ WT _____

ADDRESS: CITY & ZIP: _____ (Boy Girl)

HOME PHONE: _____ WORK PHONE: _____ EMAIL ADDRESS: _____

SPORT: **Football:** Flag Tackle JV Varsity **Cheer:** Flag Tackle JV Varsity (Size: _____ Child Woman)

RETURNING PLAYER? Y / N (IF YES, Team Played on 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 official 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: X: _____

INSURANCE INFORMATION: *Insured parent:* _____

ADDRESS: _____ PHONE: _____

INSURANCE COMPANY: _____

INSURANCE POLICY NUMBER: _____

EMPLOYERS NAME AND 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, & relinquish any and all action or cause of action against Cross County Youth Football Inc., it's 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 their child during participation in CCYF, Inc. We agree to return all equipment issued CLEAN and in good condition to CCYF, Inc. & 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 the child quits or is withdrawn from CCYF. 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.

Player Fees: Flag Football \$40.00, All Cheerleading \$45.00, Tackle Football \$75.00.

PARENT'S SIGNATURE: X: _____ DATE _____

PLAYER'S SIGNATURE: X: _____ DATE _____

----- Do not write below this line -----

RETURNING PLAYER? Y / N FEE: \$ _____ PAYMENT METHOD: _____ PHYSICAL FORM? Y / N

BIRTH CERTIFICATE? Y / N ASSIGNED TO TEAM: _____ FUNDRAISER TICKETS: _____

ACCEPTED FOR CCYF BY: _____ DATE: _____