

# Wautoma Area Youth Football & Cheerleading No. \_\_\_\_\_

## OFFICIAL APPLICATION TO PARTICIPATE

Please Print

Registration Date \_\_\_\_\_ Age Sept 1st \_\_\_\_\_ Sign Up Weight \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLES INITIAL

Address \_\_\_\_\_ Phone \_\_\_\_\_  
STREET CITY ZIP

School \_\_\_\_\_ Next Grade \_\_\_\_\_ Prior Participation?  No  Yes If yes, how many years \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Primary E-Mail Address \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

### MEDICAL HISTORY

Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Glasses/Contacts	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Fractures within past year <input type="checkbox"/> Dental braces or bridges	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Head injuries within past year <input type="checkbox"/> Serious illness
--	--	---

I/We the parent(s) of the above named candidate for position on a Wautoma Area Youth Football and Cheerleading, hereby give my/our approval to our child's participation in any and all activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities: and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local League, the organizers, sponsors, supervisors, participants and persons transporting my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/We will furnish a certified birth certificate of the above named candidate upon request to the league officials.

I/We agree to be financially responsible for League equipment my/our child will receive other than the normal wear and breakage during games and practice and I/We will reimburse the League for the loss and damage to said equipment. I/We give permission for League to validate participant's school grades.

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_  
(One Signature Mandatory)

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

### EMERGENCY MEDICAL RELEASE

I/We the parents give our permission for any emergency medical treatment necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled function including the supervised travel to and from said function.

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_  
(One Signature Mandatory)

### REGISTRATION CERTIFICATION

ASSIGNMENT	Squad (Circle One)	APPROVAL BY AUTHORIZED OFFICIAL	
Sizes		Birth Certificate	Physical Exam
Shoulder Pad	Jr. Pee Wee		
Helmet	Peewee		
Pants	Flag football		

### FOR ASSOCIATION USE

YES, I WOULD LIKE TO VOLUNTEER TO HELP WITH:	PAYMENTS	
Coaching <input type="checkbox"/>	Play Counter <input type="checkbox"/>	Registration \$ _____ Signature
Team Assistant <input type="checkbox"/>	Picture Day <input type="checkbox"/>	Equipment Deposit \$ _____ Signature
Equipment Dist. <input type="checkbox"/>	Game Field Setup <input type="checkbox"/>	Other \$ _____ Signature
Fundraising <input type="checkbox"/>	Concessions <input type="checkbox"/>	
Chain Gang <input type="checkbox"/>	Other <input type="checkbox"/>	

Do you have a sibling participating in program?  Yes  No  
**Warning: Injury may result from playing football or cheerleading.**