



Cumberland County Youth Spring Football League 2015

Youth Name _____ Age _____ (As of 1 March 201) DOB _____

Phone _____ Cell _____ Email Address _____

Address _____ City _____ NC Zip _____

Team _____ COACH _____

AGE GROUP: _____ 5-6 _____ 7- 8 _____ 9-10 _____ 11-12 _____ 13-14 _____ 15-18 (Age as of 1 March 2014 will be players age for the season any child turning 9, 11, or 13 will play with the older age group. Any child turning 19 on or after March 1st 2015 is too old to play any child that 18 must be actively enrolled in high school or alternative school seeking High school diploma or GED)

PLEASE INITIAL YES OR NO (If NO is initialed on any subject your child will not be allowed to participate in the LYFE STYLES YOUTH SPRING FOOTBALL LEAGUE)

YES _____ NO _____ I/We agree to pay the registration fee of **\$65.00** due at the time of sign-up. I/We understand that the league **does not** furnish any **equipment** and that I must provide the equipment for my child. (**Some coaches may have equipment available to rent to players on a limited basis**)

YES _____ NO _____ I/We agree to present a copy of my son's or daughter's certified Birth Certificate to the League

PLEASE READ CAREFULLY! Your signature below indicates your agreement with and consent to the following:

PARENT of GUARDIAN CONSENT AND WAIVER

I/we, the parents/guardians of the above named child, apply for the opportunity to participate in LYFE STYLES YOUTH SPRING FOOTBALL LEAGUE, and hereby give my/our approval to participate in any and all of LYFE STYLES YOUTH SPRING FOOTBALL LEAGUE activities, including transportation to and from the activities. I/We know that participation in football may result in serious injuries and protective equipment does not prevent all injuries to participants. I/We do hereby waive, release, absolve, indemnify, and hold harmless the LYFE STYLES YOUTH SPRING FOOTBALL LEAGUE, its officers, directors, coaches, organizers, sponsors, volunteers, and participants for any claim resulting in injury arising out of my child's participation in the LYFE STYLES YOUTH SPRING FOOTBALL LEAGUE'S programs and activities, including transportation to and from any activities. I request that in my absence the above named child be admitted to any hospital or medical facility for diagnosis and treatment if an injury occurs. I request and authorize physicians, dentists, and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, and operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the result of examination or treatment.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date

PARENTAL CONDUCT AND MEDICAL TREATMENT FORM

Youth Name: _____

1. _____(Initial) I/ We understand that my child will be given the opportunity to participate in the LYFE STYLES YOUTH SPRING FOOTBALL LEAGUE. Enrollment of my child into the LYFE STYLES YOUTH SPRING FOOTBALL LEAGUE does not guarantee that they will be assigned to a particular team.
2. _____(Initial) **I/We and any other spectators associated with my child will conduct themselves in an appropriate manner** when attending any and all LYFE STYLES YOUTH SPRING FOOTBALL LEAGUE Practices or games.
3. _____(Initial) **I will promote Good Sportsmanship at all times.** I understand that I can be asked to leave the facilities of the LYFE STYLES YOUTH SPRING FOOTBALL LEAGUE if it is perceived that my actions could be detrimental to the children or the league and as a result of such behavior I/we and/or my child can be expelled or banned from any other LYFE STYLES YOUTH SPRING FOOTBALL LEAGUE events.
4. _____(Initial) I/We understand that if my registration fee is not paid in full that my child will not be able to participate in any games until it is paid.
5. _____(Initial) I/We understand that these are children learning the basics of the game. No college coaches, pro scouts, or other revenue-producing agents are here to evaluate these children and will keep the competition in perspective.
6. _____(Initial) I/We understand that any organization such as the LYFE STYLES YOUTH SPRING FOOTBALL LEAGUE is run on a volunteer basis, and could not function without the help of everyone that is participating in the league. With this, I also understand that I may be called upon to serve at various times throughout the season and will do so gratefully.

CONSENT FOR MEDICAL TREATMENT OF A MINOR

The LYFE STYLES YOUTH SPRING FOOTBALL LEAGUE nor any of its Coaches or staff has provision for payment of any medical bills in case of injury to your child while he is participating in any league activity.

As a parent/guardian, a potential problem exists in the event your child requires medical treatment and you are not available to give consent. In order to avoid possible delay in a necessary treatment as a result of not being able to contact you, your signature on this completed form will provide the hospital/ambulance with written consent or provide immediate treatment.

Child's Name _____ Age _____ Birth Date _____

Prescription or Over-the-Counter Medication(s) the child is taking:

Allergies (include all known allergies: i.e. medications, foods, insects, LATEX etc.)

ALLERGIC TO:

REACTION: (ex. Rash, hives, itchy, anaphylaxis, etc.):

Special medical problems (include heart, lung, diabetes history) _____

Emergency Person to contact if Parent(s)/Guardian(s) are unreachable: _____

Name _____ Relationship to Child _____ Phone _____

MEDICAL TREATMENT AUTHORIZATION: In case of a medical need involving the minor listed, I request the hospital staff to contact me (or my spouse) at the numbers listed above. In the event that I (or my spouse) cannot be reached, I grant written permission to the hospital's emergency medical staff to render medical care as deemed appropriate. I (We) agree to pay for the normal and customary charges of the hospital for any treatment or medication received by said child. I also agree to notify the LYFE STYLES YOUTH SPRING FOOTBALL LEAGUE in writing if I cease to be the guardian or if there are any changes in the above authorization.

Mother's/Guardian Signature & Date

Father's/Guardian Signature & Date