

**Player Information** (Please Print Clearly)☐ Male ☐ Female

Legal Name (Last, First MI) must match birth certificate

Date of Birth

Capital City Bearcats
Host Organization

Address / City / Zip Code

School Name/City

Guardian

Cell Phone (Important)

Home Phone

Work Phone

Phone Number to receive text messages / Email Address

☐ Cheer☐ Football☐ Pee Wee Flag (4-5) ☐ Rookie Flag (6-7) ☐ Pee Wee Tackle (5-6) ☐ Rookies (7-8) ☐ Juniors (9-10) ☐ Seniors (11-12)Ages are as of July 31st**Physical Examination Waiver**

I, the Guardian of this child, believe to the best of my knowledge that he/she can withstand the rigors of a football or cheerleading season. I, the Guardian, believe there is nothing physically or mentally wrong with my child. I, the Guardian, hereby give my approval for my child to participate in the upcoming season **without** a physical examination which is recommended by the CTYFL.

Does the child have any medical conditions that we would need to be aware of: example (asthma, food allergies, etc)

If so, are there any medications required: example (asthma pump, etc.)

Guardian Signature:**Insurance** ☐ Yes Child is covered by Legal Guardian's Medical Insurance ☐ No – Child is not covered by Legal Guardian's Medical Insurance.I, the Guardian of this child, understand that as a league and any of its Organizations or branches do **NOT** provide Health/Injury Insurance.**Guardian Signature:****Guardian Understanding****Conduct:** I understand that We are expected as Guardians to conduct ourselves in a civil manner at all CCB and CTYFL events. **I understand that the consumption of alcohol and tobacco products is strictly prohibited at all CTYFL games and events.****Parental Medical Treatment Authorization:** In the event of injury to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.**Equipment Liability:** The Guardians are responsible for returning all equipment and uniforms, clean and in good condition to the Capital City Bearcats. We the Guardians will be responsible for reimbursement to the host organization any cost of lost or excessively damaged equipment and or uniforms. **Please Initial****Waiver**

I, the Guardian of the above named child, hereby give my approval to his/her participation in any and all CTYFL Football/Cheer activities during the current season. I understand that football as well as cheerleading is a dangerous sport that may result in serious injury, permanent disability or even death. In consideration of my child being allowed to participate I assume all risks and hazards incidental to such participation known and unknown including transportation to and from such activities, and I do hereby waive, release, absolve, indemnity and agree to hold harmless the CTYFL, the Host Organization, the sponsors, supervisors, participants, volunteers and persons transporting my child to and from activities for any claim arising out of negligence or injury to my child to the fullest extent permitted by law.

REFUND POLICY: No refunds on or after August 18th : _____
A \$30 charge for all returned checks **Please Initial****I have read and understand everything on this form.**

Guardian Signature

Relation

Date

Registration for the Capital City Bearcats Football/Cheerleading is open to all children, ages 4 - 12 for football and ages 4 - 13 for cheerleaders. Registration must remain open until August 27th 2016 and all who register by this date must be accepted as long as they make required payments, provide required CTYFL documents and meet all other CTYFL eligibility requirements. No try-outs will be held - all children who register for the Capital City Bearcats Football or Cheerleading will play. Violations of this CTYFL policy will not be tolerated. Please report any violation of this policy to the CTYFL Executive Vice President at: executive_VP@ctyfl.org