

# Mid-State Youth Football & Cheerleading Conference

## W-F Youth Football & Cheer Assoc.

### OFFICIAL APPLICATION TO PARTICIPATE

\_\_\_\_ FootballPlayer

\_\_\_\_ Cheerleader

Registration Date \_\_\_\_\_ Age On Sept 1st, 2022 \_\_\_\_\_ Grade Entering for fall 2022 \_\_\_\_\_

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

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

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

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

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

Primary Email Address \_\_\_\_\_

Secondary Email Address \_\_\_\_\_

#### MEDICAL HISTORY

Yes	No	Asthma	Yes	No	Fractures within past year	Yes	No	Head injuries within past year
		Allergies			Dental braces or bridges			Serious illness
		Glasses/Contacts						

I/We the parent(s) of the above named candidate for position on a Mid-State Conference team, 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, participates 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.

(One Signature Mandatory)

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_

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.

(One Signature Mandatory)

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_

**PAYMENTS**  
**MAKE CHECK PAYABLE TO:**  
**WFYFCA**

**New Football Player Jersey Fee**  
**\$75.00**  
**Football Registration Fee**  
**\$150.00**  
**Cheer Registration Fee**  
**\$110.00**

#### REGISTRATION CERTIFICATION

APPROVAL BY AUTHORIZED OFFICIAL	
Birth Certificate	Physical Exam
Viewed By: _____	Viewed By: _____
Date Of Birth _____	Date Of Physical _____

#### FOR ASSOCIATION USE

PAYMENTS	
Registration \$	Check _____ Cash _____ Signature _____
Jersey Fee \$	Check _____ Cash _____ Signature _____

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

# MID-STATE YOUTH FOOTBALL & CHEERLEADING CONFERENCE

## W-F Youth Football & Cheer Assoc.

### 2022 EMERGENCY CONTACT & PARENTAL RELEASE and UNDERSTANDING FORM

- 1) This Emergency Contact & Parental Release and Understanding form must be dated, signed and submitted prior to the first practice at the start of the 2022 season.
- 2) **No** players or cheerleaders will be allowed to participate in any Mid-State Youth Football & Cheerleading Conference activities until this form is completed and on file.
- 3) This form once completed will be kept with each teams medical kit in the event that an emergency situation should arise.

CHILD'S NAME	_____ (Last)	_____ (First)	_____ (Middle Initial)
ADDRESS	_____		
CITY	_____ STATE _____	ZIP _____	
PHONE	_____		
HEALTH INSURANCE CARRIER	_____		
KNOWN ALLERGIES	_____	MEDICATION(S)	_____

#### EMERGENCY PHONE NUMBERS

**IN THE EVENT THAT I/WE NEED TO BE REACHED DURING EITHER PRACTICE OR A GAME, YOU MAY REACH ME/US OR THE FOLLOWING AT: (PLEASE LIST (4) INCLUDING YOURSELF)**

NAME	PHONE #

#### STATEMENT OF PARENTAL RELEASE AND UNDERSTANDING

We the parent(s)/guardian(s) for the above named participant hereby give my/our approval for our child's participation in any or all activities during the current season. I/We understand and agree to the following items:

1. That the above named is physically fit to play in accordance with the Physical Form we have on file.
2. That I/We assume all risks and hazards incidental to such participation, including transportation to and from any and all activities. I/We understand that injuries may result from playing football or cheerleading. The coaching staff reserves the right, after consultation with the parent(s)/guardian(s), to withhold from further participation in either practice or game any child that they feel is no longer fit to participate.
3. I/We agree to be financially responsible for the equipment my/our child has been issued. I/We will reimburse the **Mid-State Conference and/or local league** that issued the equipment for the loss of and/or damage to said equipment beyond normal wear and breakage.
4. **Mid-State Conference and/or local league** reserves the right to discipline any of its' participants for conduct that is considered inappropriate or detrimental to the program. If such an instance should occur, a conference shall be held with you the parent/guardian and all other parties involved to determine what measures shall be taken including suspension from any/or all further activities. **THE THROWING OF EQUIPMENT SHALL NOT BE TOLERATED.**

#### EMERGENCY MEDICAL RELEASE

I/We the parent(s)/guardian(s) give our permission for any emergency medical treatment either on the practice or game field. I/We authorize any emergency personnel, 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. I/We agree to be financially responsible through either our health insurance carrier or by another means for any costs incurred due to the providing of emergency medical treatment.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_