



Elite Youth Sports

P.O. Box 226, West Point, GA 31833, Phone: (706) 402-0296



Chargers Football Application

Athlete's Information

Athlete's Name: _____
First Middle Last

Date of Birth: _____ Age: _____ Name of School: _____

Address: _____
Street City State Zip

Phone: _____ Work: _____

Grade: _____ Do you have health insurance? Yes No

Jersey Size: _____ Pants Size: _____ Shoe Size: _____

Parent's Information

Parent's Name: _____
First Middle Last

Address: _____
Street City State Zip

Email: _____

Home Phone: _____ Cell Phone/Alternate: _____

Emergency Contact

Please list an individual below to be contacted in case of an emergency if you cannot be reached.

Name: _____ Relationship to Player: Parent Relative Family Friend

Home Phone: _____ Cell Phone: _____

If unsuccessful, I hereby give Elite Youth Sports personnel consent to transport my child to a medical care facility, if deemed necessary for treatment by a local medical health facility or dentist.

Parent/Guardian Name (print): _____

Address: _____

Participation Agreement

I wish to participate in the Elite Youth Sports Football Program. I acknowledge that my child is in good health and good physical condition. I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my participation. I understand that if my child is injured, Sadler Insurance will cover majority of his medical expenses. However, I am aware that it is my responsible for the remaining care costs. Therefore, I agree to release Elite Youth Sports Directors, Board of Trustees, officers, agents, and teammates from any and all claims for injury or illness resulting from my participation in this event. However, I do understand that medical costs are covered if my child sustains an injury while participating in an event.

Parent/Guardian Signature: _____ Date: _____

Photography Consent Form

Please initial **only one** statement below indicating your consent for your child to be photographed.

_____ I, hereby grant Elite Youth Sports, Inc., the absolute and irrevocable right and permission, with respect to photographs and videos taken of me and/or comments made by me or in which I may be included with others, to copyright for same, to use, reuse and publish the same in whole or in part in any and all media including use on the world wide web (www.facesinc.net), now or hereafter, and for any purpose whatever for illustration, promotion, art, advertising and trade, and if appropriate, to use my name and pertinent education and/or biographical facts as Elite Youth Sports.

_____ I, do not grant Elite Youth Sports, Inc. permission to take pictures of my child and use my child's name, picture, portrait, photograph, image, videos or voice in all forms and media in all manners on their website www.facesinc.net and any form of advertising for the program. I also waive any right to inspect or approve the finished product.

Player's Signature: _____

Date: _____

Guardian's Signature: _____

Date: _____

Memorandum of Understanding



Elite Youth Sports is under the auspices of Family and Children's Educational Services, Inc.

I understand that the legal guardian must register the participant in order for my child to participate.

Practices are mandatory for all participants.

There are no mandatory play rules. However coaches are encouraged to play everyone.

Parent/Guardians' are required to pay/and or raise the required fees of the program. In addition, parent/guardians' are also required to assist their child in the fundraising efforts of the program.

Transportation to and from practices and games are the responsibility of the parent/guardian. However, the coaches will coordinate travel arrangements for the players who do not have any means of transportation.

Parents/Guardians are not allowed to interfere with practices or games. (Please converse with the Director if you have any concerns).

All equipment purchased by Elite Youth Sports Program is the property of the program. (Footballs, water bottles, and etc...)

All fees are non-refundable.

I have read the Memorandum of Understanding in its' entirety. I understand by signing this memorandum I acknowledge that I understand and will adhere to the organization's expectations and guidelines in order for my child to participate.

Player's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____



Parental Consent to Release Information

I gave consent for my child to participate with EYS Football Program.

I, _____, hereby give _____
Parent/Guardian Name of Child's School

permission to release my child's academic information (including report card, test scores, and other information regarding my child's academic performance and behavior) to Family and Children's Educational Services' personnel.

Student's Name: _____
(Last) (First) (MI)

Address: _____
(City) (State) (Zip)

Home Phone: () _____ Cell: () _____

Homeroom Teacher's Name: _____

Grade: _____

Consent form commence on _____ and expires on _____

Parent/Guardian's Signature

Date

FACES' Representative Signature

Date