

# ANTIOCH FALCONS



## 2010 FOOTBALL and CHEERLEADING REGISTRATION FORM

FOOTBALL

CHEERLEADING

CHILDS NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE ON JULY 31, 2010 \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

[ ] MALE [ ] FEMALE HOME PHONE: ( ) \_\_\_\_\_ CELL. PHONE: ( ) \_\_\_\_\_ OTHER PHONE: ( ) \_\_\_\_\_

E-MAIL ADDRESS: *i.e. benjido@aol.com* \_\_\_\_\_

SCHOOL FOR FALL, 2010: \_\_\_\_\_ GRADE: \_\_\_\_\_

YRS OF EXPERIENCE \_\_\_\_\_ WHAT TEAM/COACH DID YOU PLAY ON LAST YEAR? \_\_\_\_\_

*As a player/cheerleader in the Antioch Falcons Youth Football and Cheerleading program, I will always play with good sportsmanship and conduct and act to the best of my ability. I will make every effort to attend all games and practices, maintain passing grades in schoolwork and obey my parents, teachers and coaches.*

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
*SIGNATURE OF PLAYER OR CHEERLEADER*

LIVES WITH [ ] FATHER [ ] MOTHER [ ] BOTH IT IS NECESSARY TO FILL IN THE INFORMATION FOR THE PARENT THE CHILD DOES NOT LIVE WITH

FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MEDICATIONS CURRENTLY BEING TAKEN BY PLAYER/CHEERLEADER: \_\_\_\_\_

LIST ANY MENTAL OR PHYSICAL CONDITIONS OR ALLERGIES THAT WILL BE OF IMPORTANCE TO THE COACHES \_\_\_\_\_

### PARENTAL AUTHORIZATION & INDEMNIFICATION

The undersigned parent and/or guardian of the above-named minor, hereby consents to the full participation by the above-named minor in the Tennessee Youth Football Alliance (TYFA) and agree for said minor to be assigned by TYFA or TYFA agents a TYFA team.

I acknowledge that the activities that my child will be involved in may be dangerous in nature and I represent that I know and understand those dangers to which my child will be exposed. I specifically acknowledge and understand that football/cheerleading is a sport with risk of serious injury or even death.

I do hereby voluntarily assume on behalf of the above-named minor each, every, and all risks and/or hazards to which said minor or myself might be exposed during TYFA activities including, but not limited to, playing said sport, cheerleading and/or transportation to and from all activities and medical attention of any nature resulting from injuries sustained in the activities.

I do hereby WAIVE, RELEASE, ABSOLVE AND AGREE TO INDEMNIFY PAY AND HOLD SAFE AND HARMLESS said football/cheerleading program, it's entire organization, TYFA, the local league/community, their coaches, participants, Board of Directors, all officers, all assistants, persons and/or organizations that transport the participants for any purpose for and from all claims, injuries, damages of both a compensatory and punitive nature and for any and all other claims and/or damages which might arise out of and/or due to the above-named minor's participation in said activities.

The parent/guardian whose signature appears below does hereby consent to any and all medical treatments including anesthesia and operations which may be deemed necessary by medical care providers attending to the above-named minor for injuries sustained in the activities.

I further agree and acknowledge that I am responsible for all charges incurred in connection with treatment and care rendered to the above-named minor pursuant to this agreement.

In signing this form, I also give this organization, as well as TYFA, permission to use my child's photograph as a participant on either website.

**I ACKNOWLEDGE THAT I HAVE FULLY READ THIS COVENANT AND AGREE AND CONSENT TO THESE TERMS AND CONDITIONS**

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### ADMINISTRATIVE USE ONLY

DATE OF REGISTRATION \_\_\_\_\_

CODE OF CONDUCT [ ] YES [ ] NO BIRTH CERT [ ] YES [ ] NO TOTAL PAID \$ \_\_\_\_\_

METHOD OF PAYMENT [ ] CK. [ ] Cash [ ] Other \_\_\_\_\_ RCPT NBR: \_\_\_\_\_ AMT. DUE \$ \_\_\_\_\_