

FINGER LAKES YOUTH FOOTBALL**Contract****AND CHEERLEADING LEAGUE, INC.****2012****Participant Information: Please Print***Attach Picture*

Name (Last, First, Middle) _____

Address _____

City/Town _____ State _____ Zip _____

Phone _____ Alt. Phone _____

e-mail address: _____

School Attending: _____ Age (as of 8/1 this year) _____ Date of Birth _____

Circle: Football Player Weight of Football Player: _____ lbs Cheerleader

Participated last year: Yes No Team/Squad _____

Participant PledgeI will

- maintain good standing in school
- abide by officials' decisions
- show good sportsmanship
- refrain from using foul language
- not damage/deface property, buildings or equipment

Participant's Signature / Date**Parents Permission to Participate**

I understand that football is a contact sport and my child can be injured while participating as a "player" or "cheerleader" in practice and play of the sport as well as in traveling and other related activities incidental to my child's participation. I also understand that an injury may be of a minor or major variety.

In addition to giving full consent for my child to participate, I do hereby waive, release and hold harmless the organization named, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered during the course of normal participation of this sport.

Parent Signature / Date**Procedure for Medical Attention**

I, the undersigned, do hereby authorize officials of the Finger Lakes Youth Football and Cheerleading League to contact directly the persons named on this Contract Form, and do authorize an attending physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of said child.

Required Signature of Parent or Guardian / Date

To Parent or Guardian: To serve your child in case of an accident, it is necessary that you furnish the following information for emergency cases. List neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached;

Neighbor or Relative Phone**Medical Coverage Information**

The Finger Lakes Youth Football and Cheerleading League has accident insurance coverage for medical and hospital expenses with a \$250.00 deductible amount for each accident incurred. This insurance is a secondary coverage, following parent's own medical insurance coverage. Any injury that requires medical attention must be reported to team officials immediately and the proper claim forms filled out and submitted by the parent team of the Finger Lakes Youth Football and Cheerleading League.

TSHIRT SIZE: PLEASE CIRCLE**ADULT:** 2X XL LG MED SM **YOUTH:** XL LG MED SM**FLYFCL Certification:**_____
Certification Weight_____
Signature of FLYFCL Official