

2012 Enumclaw Jr. Hornets Football/Cheerleading Registration and Release Form

(Please check one.) Football registration: _____ Cheerleading registration: _____

Child's Name _____ Date of Birth _____ New grade as of
September 2012 _____

Parents _____ Phone _____ Cell _____

Address _____ City _____ Zip _____

Email _____ 2nd Email _____

Emergency Contact _____ Phone _____

Previous experience with football/cheerleading? _____ What organization? _____ Years? _____

Health

Does your child have medical, allergic, or behavioral issues? Yes No

Explain _____

Family Physician _____ Phone _____

Insurance Provider _____ ID/Policy# _____

Consent to Medical Care and Treatment

I, (Parent/Guardian Name) _____ authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical hospital procedures as may be performed or prescribed by a licensed physician and facilities for (child's name) _____.

If this portion of this form is not signed by a parent to permit medical treatment without notification, parent must attend every practice and game, should child require medical attention.

Parent/Guardian Signature _____

Hold Harmless Clause

Football and cheerleading is a vigorous activity and the possibility of injury does exist. I give permission for my child to participate in the Enumclaw Jr. Hornets Football program. I hereby waive all claims and legal action, financial, or otherwise against the above named parties, its elected and appointed officials, or any volunteer connected with the program for injuries which might occur during practices, travel, or game competition.

Parent/Guardian Signature _____

Use of Photographs

Jr. Hornets Football occasionally publicizes its participants via newspapers and the Jr. Hornets Football website (www.jrhornetsfootball.com). Initial if you **DO NOT** want your child featured. _____

Concussion Information and Consent

Any athlete even suspected of suffering a concussion or a blow to the head will be removed from practice or a game immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without submitting written medical clearance from a physician to their coach. My child and I have read and understand the Concussion Information.

Parent/Guardian Signature _____ Date _____

Witness (Jr. Hornets Rep) _____ Date _____