CHEMICAL VALLEY MIDGET FOOTBALL LEAGUE, INC. Cheerleader / Majorette Participation Application

Participant's Name	9		Date of Birth		
·	Last	First	Middle	Month/Day/Year	
Street Address		City/State/Zip		Telephone Number	

I/we, the parents of the above-named candidate for a position on a CVMFL Midget Football Team, hereby give my/our approval to his/her participation in any and all Midget Football activities. I/we assume all risks and hazards incident to such participation including transportation to and from the activities. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Chemical Valley Midget Football League, Inc., the organizers, sponsors, supervisors, participants and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/we agree to return upon request the uniform and other equipment issued to our child in the same condition as when it was issued except for normal wear and tear.

I/we will furnish a birth certificate with a raised seal of the above named candidate upon request of the League officials.

BOTH PARENTS MUST SIGN APPLICATION, IF NOT SIGNED BY BOTH PARENTS, GIVE REASON ON VACANT LINE.

Participant's signature	Participant's signature					
Mother's signature	Date	e				
Father's signature		Date	9			
(Information below must be completed in full)						
nily Insurance Policy #						
Type of Birth Certificate Submitted (check one):	9 State	9 Hospital	9 Armed Forces			
Birth recorded in State of	Co	ounty of				
School Name County		Principal's Name				
Present grade in school						

DO NOT WRITE BELOW THIS LINE

YEAR	LEAGUE AGE	CVMFL FRANCHISE	TEAM (A/B/C)	WEIGHT	LEAGUE OFFICER
20					
20					
20					
20					
20					
20					