

SEBASTIAN SHARKS YOUTH FOOTBALL & CHEERLEADING ASSOCIATION
SHARKS SUMMER CAMP 2016
REGISTRATION

Information (PLEASE PRINT)

PIF _____

Child's Name: Last _____ First _____

Date of Birth: _____ / _____ / _____ **T-Shirt Size:** YS / YM / YL / AS / AM / AL / AXL

Mailing Address: Street _____ City _____ Zip Code _____

Preferred Contact Method: phone / email / text

Mother's Information: Name- Last _____ First _____

Email: _____

Phone H _____ W _____ C _____

Father's Information: Name- Last _____ First _____

Email: _____

Phone H _____ W _____ C _____

Emergency Contact: Name- Last _____ First _____ Relationship: _____

Phone H _____ W _____ C _____

Please answer the following:

1. Does your child have any limitations that the SSYFCA should be aware of? Yes / No

Please describe your child's limitations _____

2. Does your child have asthma? Yes / No

3. Does your child use a prescribed inhaler? Yes / No

4. Does your child have any allergies? Yes / No

Please list your child's allergies _____

PRIMARY INSURANCE INFORMATION

Child's Name: Last _____ First _____ Date of Birth ____/____/____

Does your child have accidental/hospitalization insurance? Yes / No

Company: _____ Policy Number: _____ Group Number: _____ Plan Number: _____

Child's Primary Physician: _____ Phone: _____

MEDICAL RELEASE AND LIABILITY WAIVER

As the parent or legal guardian of _____, I hereby authorize and give my consent for any medical emergency treatment or denial of treatment for my son/daughter/ward (listed above) should it be deemed necessary by a qualified medical doctor or dentist. In the event I cannot be reached, I give the authorized Sebastian Sharks Youth Football and Cheerleading Association coach and/or activity supervisor the authorization to act on my behalf should a medical or dental emergency arise while participating in the SSYFCA activity or event.

I consent for my child/ward to participate in the Sebastian Sharks Football and cheerleading program/activity/event. I declare that my child/ward is physically fit and has the skill level required to participate in this program. I, as the parent/legal guardian of the above listed youth, do hereby assume all risk and hazards incidental to the conduct of this activity (which may include, among other things, muscle injury and broken bones) and on my behalf of my child/ward, on behalf of my child's/ward's heirs, executors and administrators release and forever discharge the released parties defined below of all liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and disbursements. For this program the released parties are the Sebastian Sharks Youth Football and Cheerleading Association, the City of Sebastian, the Sebastian Police Department and the officers, directors, employees, coaches, agents, representatives, volunteers, successors and assigns of each of the foregoing entities. As parent/guardian of the above child/ward, I expressly acknowledge that we release the Sebastian Sharks Football and Cheerleading Association, Inc. and any co-sponsoring agency from all liability whether for negligence, action, or inaction for any injury, loss or damage connected in any way whatsoever to participation in Sebastian Sharks Youth activities (which may include, but is not limited to, games, practices, and transportation to and from events) whether on or off Sebastian Sharks premises. The undersigned acknowledges that participation in the activity may involve risk of contact between participants, effects of the weather, and other risk conditions associated with the sport/activity/event.

I further grant the released parties the right to photograph and/or videotape my child/ward and to use these photos and media materials as well as my child/ward's name, face, likeness, voice and appearance in connections with newsletters, publicity, advertising, promotional and Internet materials without reservations, compensations or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.

I, as the parent/legal guardian for the above listed youth, attest that I am at least 18 years of age and eligible to enter into a binding agreement.

Parent/Legal Guardian Name: (Print Clearly): _____

Parent/Legal Guardian Signature: _____

By my signature below, I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge.

Signature of Parent/Guardian: _____ Date: _____