

# Amherst Youth Football & Cheerleading Conference

No. \_\_\_\_\_

## 2010 OFFICIAL APPLICATION TO PARTICIPATE - Please Print

\_\_\_\_ Player  
 \_\_\_\_ Cheerleader

EMAIL ADDRESS \_\_\_\_\_

Registration Date April 18, 2010 Age Sept 1st \_\_\_\_\_ Sign Up Weight \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLES INITIAL

Address \_\_\_\_\_ Phone \_\_\_\_\_  
STREET CITY ZIP

School Amherst – Tomorrow River School Next Grade \_\_\_\_\_ Prior Participation  No  Yes If yes, how many years \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Cell # \_\_\_\_\_  
Mother

Father Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

### MEDICAL HISTORY/EMERGENCY MEDICAL RELEASE

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fractures within past year	<input type="checkbox"/> Head injuries within past year	
<input type="checkbox"/> Allergies	<input type="checkbox"/> Dental braces or bridges	<input type="checkbox"/> Serious illness	
<input type="checkbox"/> Glasses/Contacts			

I/We the parent(s) of the above named candidate for position on Mid-State conference team, hereby give my/our approval to our child's participation in any and all activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities: and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the organizers, sponsors, supervisors, participates and persons transporting my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/We will furnish a certified birth certificate of the above named candidate upon request to the league officials. I/We agree to be financially responsible for league equipment my/our child will receive other than the normal wear and breakage during games and practice and I/We will reimburse the league for the loss and damage to said equipment. I/We give permission for league to validate participant's school grades.

Health Insurance Carrier \_\_\_\_\_

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_  
(One Signature Mandatory)

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

### EMERGENCY MEDICAL RELEASE

I/We the parents give our permission for any emergency medical treatment necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled function including the supervised travel to and from said function.

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_  
(One Signature Mandatory)

### REGISTRATION CERTIFICATION

Approval by Authorized Official			
Football	Cheerleading	Birth Certificate	Physical Form
Shoulder Pad:	Shoe Size:	Birth Date:	Physical Form
Helmet:	Uniform Size:	Verified:	Alternate Year Card
Pants:	Warm Up:		

I do give Amherst Yth Board the permission to use my child's picture  I do not give Amherst Youth Board permission to use my child's picture.   
In published promotional materials. In published promotional materials.

<b>YES, I WOULD LIKE TO VOLUNTEER TO HELP WITH:</b> Coaching:Football <input type="checkbox"/> Play Counter <input type="checkbox"/> Coaching:Cheer <input type="checkbox"/> Picture Day <input type="checkbox"/> Equipment Dist. <input type="checkbox"/> Game Field Setup <input type="checkbox"/> Fundraising <input type="checkbox"/> Concessions <input type="checkbox"/> Chain Gang <input type="checkbox"/> Snack Coordinator <input type="checkbox"/>	<b>PAYMENTS –Make Check Payable to Amherst Youth Football &amp; Cheerleading</b> Football <input type="checkbox"/> \$75.00 Cheerleading <input type="checkbox"/> \$75.00 Includes shoes <b>DONATION</b> <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$75.00 <input type="checkbox"/> OTHER <small>ALL DONATIONS ARE TAX DEDUCTIBLE</small>
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Do you have a sibling participating in program?  Yes  No  
**Warning: Injury may result from playing football or cheerleading.**