

REGISTRATION AND PARTICIPATION FEES ARE NOT REFUNDABLE.

A PARENT OR LEGAL GUARDIAN MUST COMPLETE ALL SECTIONS OF THIS REGISTRATION CONTRACT.

CHEERLEADER INFORMATION

Name: _____
First Name Middle Name Last Name

Address: _____
Street Address City, State Zip Code

Date of Birth: _____ mm/dd/yyyy Fall 2012 Grade: _____ Age: _____ As of 7/31/2012

PARENT OR LEGAL GUARDIAN INFORMATION

Name: _____
First Name Middle Name Last Name

Address: _____
Street Address City, State Zip Code

Home Phone: _____ Cell Phone: _____
Include area code Include area code

Work Phone: _____ Relationship to Participant: _____
Include area code

Email Address: _____

Name: _____
First Name Middle Name Last Name

Address: _____
Street Address City, State Zip Code

Home Phone: _____ Cell Phone: _____
Include area code Include area code

Work Phone: _____ Relationship to Participant: _____
Include area code

Email Address: _____

PERMISSION TO PARTICIPATE

I, the parent or legal guardian, acknowledge that I am fully aware of the potential dangers in participation in any sport and I fully understand that participation in football, cheerleading, dance and / or step may result in SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND / OR DEATH. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries. I, the parent or legal guardian, of the above-named participant, do hereby give my approval for my child / ward to participate, and further assert that I have verified with my child / ward's physician, and in my opinion, my child / ward is physically fit and can participate without limitation in any and all American Youth Football, Inc. (AYF), American Youth Cheer (AYC), Regional / National Championships, Blackstone Valley Youth Football and Cheerleading (BVYFC), my local AYF affiliation, athletic sports program, related events and activities, be they official or unofficial, and / or fundraising activities, including transportation to and from the activities by a licensed driver.

SCHOLASTIC FITNESS

I am of the opinion that my child / ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my child / ward's last completed grade, end of year / last complete report card or a written statement of scholastic fitness from the school administration.

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Participant's Name: _____

HELMET WAIVER *(for football participants)*

I acknowledge, AND I understand the risks involved in my CHILD / WARD playing FOOTBALL, which is a collision sport; the NOCSAE committee has adopted the following warning to be read by, and signed by, the parent / guardian "DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT, THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR, NO HELMET CAN PREVENT ALL SUCH INJURIES."

RELEASE OF LIABILITY

In consideration of my child / ward being allowed to participate in any way in AYF, AYC, Regional / National Championships, BVYFC, my local AYF affiliation, athletic sports program, related events and activities, be they official or unofficial, and / or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child / ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, AND CHILD / WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child / ward participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child / ward's readiness or, hazard during my presence or participation, and / or in the program itself, I will remove myself, child / ward, from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself, my spouse, my child / ward, and on behalf of my / our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, IDEMNIFY, AND HOLD HARMLESS AYF, AYC, Regional / National Championships, BVYFC, my local AYF affiliation, their officers, directors, volunteers, agents, and / or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, and if applicable, owners and lessors of premises used in running the program and conducting any related events ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child / ward's, my own involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
5. I, for myself, my spouse, my child / ward, and on behalf of my / our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, IDEMNIFY, AND HOLD HARMLESS all of the above RELEASEES from any and all liabilities incident to my child / ward's, my own involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

IMAGE RELEASE

In consideration of my minor child / ward being allowed to participate in any way in AYF, AYC, Regional / National Championships, BVYFC, my local AYF affiliation, athletic sports program, related events and activities, be they official or unofficial, and / or fundraising activities, the undersigned agrees that AYF, AYC, BVYFC, and my local AYF affiliation are hereby granted the unrestricted and exclusive right and permission, free from approval or review, to copyright and / or use my child's / ward's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child / ward which he / she may be included intact or in part for promotion or other commercial use.

EQUIPMENT RESPONSIBILITY

I assume full responsibility for any and all equipment / uniforms loaned to my child / ward. All equipment, uniforms, and clothing remain the sole property of the association and must be returned immediately upon request in as good condition as when received except for normal wear and tear. It is understood that any equipment, uniforms, or clothing not returned within 72 hours of a request by the association to return same will result in the parent / guardian assuming financial responsibility for the replacement of the equipment, uniforms, or clothing not returned. Should financial restitution not be

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Participant's Name: _____

made to the association within 72 hours, the association will assume that the equipment, uniforms, or clothing will not be returned and will file a complaint with local law enforcement officials for larceny of the equipment, uniforms, or clothing.

CODE OF CONDUCT

The ideology of youth sports including this program is to promote good understanding and fundamental knowledge of the sport. It is also critical that good sportsmanship including the ability to always conduct oneself in an appropriate manner of positive accord both on and off the field. It is understood that any incident considered detrimental to the pursuit of this ideology will not be tolerated. It will be addressed in accordance with the statues of the association, BVYFC, AYF, AYC, state and local laws, and may result in dismissal from the program and the inability to participate in any future related activities of the association. This Code of Conduct applies to all involved with the program including, but not limited to: the football players, cheerleaders, spirit participants, parents, guardians, coaches, volunteers, officers, and board members.

PERMISSION TO TREAT

I, the parent or legal guardian, of the above-named participant, hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and / or any medical professional to provide treatment, order injections, hospitalize, give anesthesia, or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and / or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

EMERGENCY MEDICAL INFORMATION

The following information will be used in the event that a parent / guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is Not Applicable write "None", N/A, or other appropriate comment otherwise NONE will be assumed. If additional space is needed, please use the back of this form. All information disclosed here will be treated as CONFIDENTIAL. It will be the responsibility of the parent / legal guardian to notify the participant's coach and league / event officials if any information needs to be added, deleted, changed, or updated in any way. Please keep a copy of this document for your records.

MEDICAL INSURANCE INFORMATION

Name of Insurance Company: _____

ID / Policy Number: _____

Group Number: _____

FAMILY PHYSICIAN INFORMATION

Doctor's Name: _____

Doctor's Office Address: _____
Street Address City, State Zip Code

Doctor's Phone Number: _____ Alternate Number: _____
Include area code Include area code

EMERGENCY CONTACTS (Must have at least two contacts)

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

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Participant's Name: _____

Please print any medical conditions (allergies, asthma, etc.) and medications being taken by the participant named above. (Please note if no information is given and the words "None" or "N/A" is not filled in then "None" will be assumed.)

Medical Condition(s): _____

Allergies: _____

Prescription(s) / Medication(s): _____

PREFERRED HOSPITALS

1. _____
2. _____

Please list any other information you may deem relevant, and helpful to Emergency Medical Personnel:

I UNDERSTAND THAT SHOULD MY CHILD / WARD QUALIFY FOR NEW ENGLAND REGIONAL OR NATIONAL COMPETITION PARTICIPATION THAT I WILL BE ASKED TO COMPLETE ADDITIONAL PAPERWORK AS REQUIRED BY AMERICAN YOUTH FOOTBALL OR AMERICAN YOUTH CHEER AS A PREREQUISITE FOR MY CHILD / WARD TO PARTICIPATE IN NEW ENGLAND REGIONAL OR NATIONAL COMPETITION.

I HAVE READ, FULLY UNDERSTAND, AND AGREE WITH ALL TERMS OF THIS REGISTRATION CONTRACT, INCLUDING BUT NOT LIMITED TO THE PERMISSION TO PARTICIPATE, SCHOLASTIC FITNESS, HELMET WAIVER, RELEASE OF LIABILITY, IMAGE RELEASE, EQUIPMENT RESPONSIBILITY, CODE OF CONDUCT, AND PERMISSION TO TREAT. I FURTHER ATTEST THAT THE EMERGENCY MEDICAL INFORMATION PROVIDED IS COMPLETE AND ACCURATE. I FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Name of Parent / Legal Guardian: _____

Date: _____ Parent / Legal Guardian Signature: _____

FOR ASSOCIATION OFFICIAL USE ONLY

Last year: Football Cheer N/A Playing level: _____ Association: _____

This year: Football Cheer Playing level: _____ Association: _____

Proof of Age: _____ Payment Method: Cash Check CC Check #: _____

Amount Paid: _____ Balance Due: _____ Paid for Family: _____

Siblings: _____ Official accepting registration: _____

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