

Niagara Orleans Football Association  
Registration Form

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Anyone wishing to participate in the NOFA Cheerleading & Football Program must completely fill out the information requested below and on the adjoining pages. Please read each question or statement carefully and completely. Print clearly and legibly to avoid registration errors.  
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Date: \_\_\_\_\_ Child will participate in:      Football                      Cheerleading

Organization Name: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Sex: M or F  
(First)                      (Middle Initial)                      (Last)

Date of Birth: \_\_\_\_\_ Birth Certificate attached: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

Address on file with the School District: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fathers Name: \_\_\_\_\_  
Phone No: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Father's E-Mail Address: \_\_\_\_\_

Mothers Name: \_\_\_\_\_  
Phone No: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Mother's E-Mail Address: \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

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Child participated in this sport last year on:      Team Name: \_\_\_\_\_

Do any siblings participate in the program?

List names of Siblings: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Subscribers Name: \_\_\_\_\_ Insurance Card Attached: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Other No.: (\_\_\_\_) \_\_\_\_\_

I understand as the Participants Legal Guardian I am responsible for any and all medical treatment required for my child if required: \_\_\_\_\_

Legal Guardian Signature Required for Registration

Is your child presently on medication: Yes or No If yes, please list and explain: \_\_\_\_\_

\_\_\_\_\_

Drug Sensitivities: \_\_\_\_\_ Other Allergies: \_\_\_\_\_

**Please read the two statements below and sign under the one that you choose. Sign Only One!**

1. If my child needs medical attention, it is my wish that I be contacted before any medical procedures are taken on my child, unless treatment is necessary to save my child's life or to prevent permanent injury. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. If my child needs medical attention, it is my wish that treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician/EMT believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Press Release for Niagara Orleans Football Association (NOFA)**

At one time or another your child may be photographed while participating in NOFA. Whether it be for fundraising, participating in his/her games, or at competition. We would like to make sure that you are aware that your child may be photographed and have their pictures published to our website, newspaper, etc.

\_\_\_\_\_ I do give permission

Parent/Guardian must sign above to have this application accepted

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I (PRINT PARTICIPANTS NAME) \_\_\_\_\_ have read and I understand the NOFA's code of ethics. I will abide by all the rules set forth in this code as well as any directions by the coaching staff and officers of the Niagara Orleans Football Association and it's Organizations.

\_\_\_\_\_  
Player's Signature Date

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Coach or Board Member's Signature who received this form Date

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I the undersigned, do hereby swear that I am the legal guardian of the above named child and do hereby grant that the above named child may participate in the NOFA football/cheerleading program and (insert your Organization's Name Here) for the ensuing year/season. I assume all risk and hazards incidental to the conduct of the activities. I do hereby release, absolve, indemnify and hold harmless Niagara Orleans Football Association (referred to as NOFA) (insert your Organization's Name Here), the Board, representatives, agents, boosters, sponsors and supervisors of said organization. This includes any or all of the above stated. I also understand as a parent/guardian that I am responsible for all damages incurred by my child while being enrolled in the above stated activities. I further understand that I am financially responsible for any and all equipment and uniforms supplied by (insert your Organization's Name Here). I will also furnish a copy of a Certificate of Birth for each registered child prior to his/her participation in the program. I am also aware of the Code of Ethics and know that my child and I will read them completely before signing them and returning them to the league.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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