

# Chanooka Braves Registration Form – 2018

Please check the appropriate activity and level:

**Football**
                         
  **Cheer**
                         
  **Dance**

Superlight 
                         
 Lightweight 
                         
 Junior Varsity 
                         
 Varsity

Child's First Name:	Child's Last Name:
Street Address, City, Zip:	
Mom/Guardian Name:	Dad/Guardian Name:
Mom/Guardian Cell Phone #:	Dad/Guardian Cell Phone #:
Mom/Guardian Email ( <b>PLEASE PRINT LEGIBLY</b> ):	Dad/Guardian Email ( <b>PLEASE PRINT LEGIBLY</b> ):
Emergency Contact #1 Name & Phone # ( <b>NOT A PARENT</b> ):	
Emergency Contact #2 Name & Phone # ( <b>NOT A PARENT</b> ):	
Child's Birth Date:	Age as of August 31, 2018:
Grade for 2018/2019 School Year:	Completed Braves Seasons:
Weight (Boys Only) <b>THIS IS MANDATORY</b>	Grade School District:
Current Medical Problems, Medications or Allergies:	
If your child has siblings participating in football, cheer or dance, please list their names and check the box next to the appropriate activity:	
	<input type="checkbox"/> Football <input type="checkbox"/> Cheer <input type="checkbox"/> Dance
	<input type="checkbox"/> Football <input type="checkbox"/> Cheer <input type="checkbox"/> Dance
	<input type="checkbox"/> Football <input type="checkbox"/> Cheer <input type="checkbox"/> Dance

I, the parent of the above-named candidate, hereby give my approval for his/her participation in any and all football games and activities during the current season. I assume all risk and hazards incidental to such participation, including transportation to and from the games and activities, and I do hereby waive, release and absolve, indemnify and agree to hold harmless the Braves organization, the league, the sponsors, supervisors, coaches, board members, participants, and persons transporting to and from games or activities my participant, for any claim arising out of any injury to my participant, except to the extent and in the amount covered by accident or liability insurance.

I understand that there may be inter-division scrimmage at all weight levels, controlled by head coaches. I agree to return upon request the equipment issued to my participant in as good of condition as when received, except for normal wear and tear.

I AM AWARE OF THE CHANOOKA BRAVES YOUTH FOOTBALL ORGANIZATION'S CODE OF CONDUCT, RULES AND BY-LAWS. I HAVE READ THROUGH THE LITERATURE, AND HEREBY ACCEPT THE RULES, REGULATIONS, AND CONDITIONS SET FORTH. **NO REFUNDS** WILL BE GIVEN FOR PARTICIPANTS WHO ELECT TO DROP (EXCEPT FOR MEDICAL REASONS. DOCTOR'S NOTE REQUIRED.)

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CHANOOKA BRAVES YOUTH FOOTBALL PHOTO CONSENT**

\_\_\_\_\_ I consent to having the Chanooka Braves Youth Football Organization record, retain, and publish photographic images of my child(ren) on the Chanooka Braves website and the local newspaper for the purposes of promoting the player, team, or association.

\_\_\_\_\_ I **DO NOT** consent to having the Chanooka Braves Youth Football Organization record, retain, and publish photographic images of my child(ren) on the Chanooka Braves website and the local newspaper for the purposes of promoting the player, team, or association.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_