

2017 EPYFL CHEERLEADING REGISTRATION FORM

First Name _____ Last Name _____

Date of Birth _____ Phone Number _____

Email Address _____

Home Address _____

City/State/Zip _____

What school will your cheerleader attend during the 2017-18 school year? _____

Is your cheerleader new or returning? _____ If returning, what team? _____

Does your cheerleader have siblings registering for the 2017 football/cheer season? _____

If yes, what team?(circle) Cowboys Warriors Panthers Bulldogs Orange Bulldogs Black

League/Uniform Information

The Eastern Panhandle Youth Football Cheer League will be starting their 2107 season beginning in July and ending in November. The cheerleading organization will be accepting registrations starting May 1, 2017. We are a non-profit organization involving children ages 5-13 years old. There is a \$35 registration fee that includes your cheerleaders hair bow. This season parents will be responsible for purchasing the league uniforms that will now consist of a cheer skirt, cheer top, body suit, briefs, cheer socks, and cheer shoes. We will have a uniform sizing day at Poor House on Saturday June 10th 9am-12pm and Sunday June 11th 12pm-3pm. All orders will be placed through the online store with The Final Touch. Warm-ups will be available after September 1st for purchasing if your daughter would like new warm-ups and/or does not have a sweatshirt from previous seasons.

Returned Check Fee

A \$35.00 fee will be charged for each returned check. All fees must be paid in full prior to the first day of practice. *I understand and agree to the above* _____ (initials)

Parent/Guardian Full Name _____

Relationship to Cheerleader _____

Parent/Guardian Signature _____ Date _____

2017 EPYFL CHEERLEADING MEDICAL INFORMATION AND RELEASE FORM

PLEASE NOTE: THE EPYFL CHEERLEADING ONLY CARRIES SECONDARY INSURANCE

It is very important that you provide us with complete details about your child's health and/or medical conditions to ensure that coaches are prepared to handle any emergency situation that may arise during a practice, scrimmage, and/or game.

MEDICAL INFORMATION

CHEERLEADER'S FULL NAME	PRIMARY PHONE NUMBER
PHYSICIAN'S NAME	PHYSICIAN'S PHONE NUMBER

PLEASE CHECK ANY OF THE BELOW THAT MAY BE APPLICABLE:

- ASTHMA
 DIABETES
 SEIZURES
 FAINTING
 KNEE/ANKLE INJURY

PLEASE LIST ANY ALLERGIES THAT YOUR PLAYER MAY HAVE

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PLEASE LIST ANY MEDICATION TAKEN BY YOUR CHEERLEADER ON A DAILY BASIS

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Please provide detailed information concerning any illness/injury not listed above that you feel EPYFL Cheerleading should know about

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EMERGENCY CONTACT INFORMATION

NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:
PRIMARY PHONE:	PRIMARY PHONE:
SECONDARY PHONE:	SECONDARY PHONE:

CHEERLEADER PHYSICAL WAIVER

Although the EPYFL Cheerleading does not require a physical for participants, it is highly recommended prior to commencement of any sport. In my/our opinion, the above named child is physically able to participate in the EPYFL Cheerleading. In case of an emergency, and my physician can not be reached, I hereby authorize my child to be treated by the physician on duty at the nearest medical facility. I fully understand that it is my responsibility to report any and all injuries to the league and to ensure that all the proper forms are filled out in the event the use of the leagues insurance is needed. If this is not done, I hereby release EPYFL Cheerleading of all liability.

I understand and agree to the above _____ (initials)

PARENT APPROVAL / MEDICAL RELEASE

I hereby give my approval for the child named above to participate in any and all activities this season. I assume all risks and hazards incidental to the conduct of activities as well as transportation to and from the events. I do hereby release, absolve, idemnify, and hold harmless the EPYFL Cheerleading, its organizers, sponsors, or any other supervisors appointed by them. I further understand that the EPYFL Cheerleading does not require a physical to participate but that the league highly recommends that one be obtained prior to starting any sport. With that said, it is my opinion that the child named above is physically able to participate fully. I further understand that the EPYFL Cheerleading only carries secondary insurance and it is my responsibility to provide medical coverage in the event of an injury to my child. In the event of an emergency, and my family physician can not be reached, I hereby authorize my child to be treated by the physician on duty at the nearest medical facility.

I understand and agree to the above _____ (initials)

PARENT/GUARDIAN FULL NAME (PLEASE PRINT)	RELATIONSHIP TO PLAYER
PARENT/GUARDIAN SIGNATURE	DATE