

Kelseyville Youth Football & Cheer Registration Form

Athlete's Name _____ **School (in fall)** _____

Home Address _____ **Email** _____

City _____ **Home Phone** _____

Birth Date	Age as of Aug. 1st	Grade in School (in fall)	
Mother's/Guardian's Name	Day Phone	&	Cell Phone
Father's/Guardian's Name	Day Phone	&	Cell Phone
Name of other relative or friend to contact in case of emergency;	Home Phone	&	Cell Phone
Health Insurance Company Name		&	Policy Number
Physician's Name & Phone Number		List any allergies to Medication/Bee Stings	
Has athlete had any serious illness, surgery, or injury? If yes, please describe and provide dates			
List Medication (s) currently taking:			

EMERGENCY AUTHORIZATION:

I the undersigned, parent or legal guardian of the participant, a minor, authorize the manager, coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical, or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency, and I cannot be reached, please contact Emergency Contact listed above.

WAIVER OF LIABILITY AND DISCLAIMER:

To Induce the Kelseyville Youth Football League to accept registration and permit participation in KYFL by the named individual, I the parent to guardian of said individual, hereby, give my consent and agree to release, indemnity, and hold harmless, KYFL, it's officials, coaches, and representatives from any claim arising out of injury to the named individual. I also hold KYLF, it's officials, coaches, and representatives from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

ACKNOWLEDGEMENT AND CONSENT:

I have read and fully understood Waiver of Liability & Disclaimer.

Signature of Parent/Guardian

Date

(SEE NEXT PAGE)

MEDICAL CONSENT

As The parent/legal guardian of _____, I request that in my absence the above named CHILD/PLAYER be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, nurses, dentists, and staff to perform any diagnostic procedures, treatments procedures, and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above named individual.

I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named CHILD/PLAYER or ADULT in the event of an accident, injury, sickness, etc.

Any representative of KELSEYVILLE YOUTH FOOTBALL & CHEERLEADING is designated to act in my behalf until I have been contacted:

Signature: _____

(ONLY PARENT OR LEGAL GUARDIAN IS TO SIGN THIS FORM:)

_____ DATE

GENERAL RELEASE

I understand the above named CHILD/PLAYER assumes any and all risks that might be associated with the activities that he or she may be involved in and release all rights and claims for damages which the above named CHILD/PLAYER or ADULT, heirs, executors, administrators assign, or as I may have against KELSEYVILLE YOUTH FOOTBALL LEAGUE & CHEERLEADING its directors, coaches, officials, teachers, or representatives for any and all injuries or damages of any kind as a result of their participation.