

MEDINA LAKE ONTARIO YOUTH ATHLETIC LEAGUE (LOYAL)

2009 REGISTRATION FORM

Football players must be six (6) by 12/1/09; cannot turn fourteen (14) before 12/1/09

Cheerleaders must be six (6) by 12/1/09; cannot turn fifteen (15) before 12/1/09

Fee: \$65 First Child, \$50 Additional Children

Sport: Football Cheerleading (circle one)

CHILD'S NAME: _____

LAST, FIRST, MI

Address: _____

Parent/Guardian's Name: _____

Telephone: Home _____ Work _____ Cell _____

Has your child participated in LOYAL Football/Cheerleading before? If yes, how long, where, when? _____

PLEASE READ: I, the undersigned parent/guardian of _____, who has been registered to participate in the football/ cheerleading program sponsored by the Medina LOYAL, hereby give permission to the participation in any and all activities of Medina LOYAL related to their sport. I understand that injuries may occur in the sport, and I hereby waive, release, and agree to hold harmless Medina LOYAL, its officers, directors, and others associated with it in any way, as well as other participants and their parents/guardians, from any claim arising out of an injury to my child, except to the extent and in the amount covered by addicit of liability insurance held by Medina LOYAL. Furthermore, I agree to return upon request, the uniform and other equipment issued to my child by Medina LOYAL in as good of condition as when it was received, except for normal wear, or otherwise to pay Medina LOYAL the cost of replacing any portion of the uniform or equipment I do not return. I consent to have the above named child participate in any mandatory fund raising events. I agree to allow individual and team pictures taken of my child through LOYAL to be posted on LOYAL website.

FOOTBALL/CHEERLEADING TEAMS & AGES

Pony's: 6 & 7

Colts: 8 & 9

Broncos: 10 & 11

Stallions Football 12 & 13; Stallions Cheerleading 12, 13, & 14

Cheerleaders Please Note: ANY CHEERLEADER WHO WANTS TO PARTICIPATE IN A JUNIOR VARSITY OR VARSITY SPORT DURING THE LOYAL SEASON WILL **NOT** BE ALLOWED TO PARTICIPATE IN LOYAL. ONCE SCHOOL STARTS, PRACTICES AND/OR GAMES INTERFERE WITH THE LOYAL SCHEDULE.

Child's Physician _____ Phone # _____ Date of last physical _____

Child's Medical Insurance Company _____

Drug Sensitivities or Allergies _____

Other Medical/Physical/Developmental Concerns _____

Medina LOYAL has insurance to cover all those (children & adults) who participate in the programs and are not covered by other policies, HOWEVER there is a \$150 deductible, which parents are responsible for.

PLEASE READ AND SIGN: IF MY CHILD NEEDS MEDICAL ATTENTION, I CONSENT TO PROCEDURES ORDERED BY THE MEDICAL OFFICER PRESENT IF IMMEDIATE TREATMENT IS NECESSARY TO SAVE MY CHILD'S LIFE OR PREVENT PERMANENT INJURY, WITH THE UNDERSTANDING THAT EFFORTS WILL BE MADE TO CONTACT ME AND WILL CONTINUE TO BE MADE UNTIL I AM REACHED. I ACCEPT RESPONSIBILITY FOR ALL COST RELATED TO SUCH TREATMENT. IN THE EVENT OF LESS SEVERE INJURY, WHICH DOES NOT REQUIRE IMMEDIATE TREATMENT, I RESERVE THE RIGHT TO BE CONSULTED ABOUT MEDICAL PROCEDURES EMPLOYED.

PARENT/GUARDIAN SIGNATURE: _____

IN CASE OF EMERGENCY ATTEMPT TO CONTACT, IN THE FOLLOWING ORDER, IF I CANNOT BE CONTACTED

NAME _____ HOME # _____ CELL/WORK _____

NAME _____ HOME # _____ CELL/WORK _____

NAME _____ HOME # _____ CELL/WORK _____

Please notify coach of any change in phone number

PARENT/GUARDIAN SIGNATURE _____ **DATE:** _____

PLEASE MAKE CHECKS PAYABLE TO: LOYAL MEDINA, and return completed registration form, and copy of birth certificate for first year participants to LOYAL Medina, 324 Catherine St., Medina, NY 14103. There is a \$20 returned check fee.

****NO UNIFORMS WILL BE ISSUED WITHOUT BIRTH CERTIFICATE AND FULL PAYMENT****

****BOTH THE DEPOSIT AND REGISTRATION FEES ARE NON-REFUNDABLE****

MEDINA LOYAL USE ONLY

Registration Fee Owed For This Registration: \$65 \$50

Amount Paid \$ _____

Cash Check (# _____)

Date _____ Received by _____