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| **Board Use**Initials: \_\_\_\_\_\_\_\_Receipt #: \_\_\_\_\_\_\_\_\_\_ Assist | 2023 Rapids Raptors Youth tackle Football/CHEEROfficial Application to Participate | [ ]  Fund Raiser[ ]  Buy OutT-Shirt Size:Youth:      Adult:       |

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| [ ]  Football | Sign Up Weight |       lbs. | Prior Raptors Participant [ ]  Yes [ ]  No | Registration Date: |  / /  |
| [ ]  Cheer |  | If yes, # of years: |       |
| Name (L ,F, MI): |       | Birthdate: |  / /  |
| Address: |       | City: |       | State: |       | Zip: |       |
| School Name: |       | City: |       | **Grade in Fall of 2023:** |       |
| Father’s Name: |       | Phone #: |       | E-Mail: |       |
| Mother’s Name: |       | Phone #: |       | E-Mail: |       |
| Legal Guardian’s Name: |       | Phone #: |       | E-Mail: |       |

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| **MEDICAL INFORMATION AND HISTORY** |
| Health Insurance Carrier: |       | Group #: |       | Policy #: |       |
| Please check any that apply: |
| [ ]  Asthma | [ ]  Allergies | [ ]  Dental Braces or Bridges |
| [ ]  Epilepsy | [ ]  Fractures in the last year | [ ]  Glasses or Contacts |
| [ ]  Head Injuries in the last year | [ ]  Other Serious Injuries or Illnesses | [ ]  Medications |
| Please provide additional information for all areas checked |
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| **EMERGENCY MEDICAL RELEASE** |
| I/We the parents/guardian, give our permission for any emergency medical treatment necessary either on the practice field or on the game field for our child. I/We authorize any hospital and or physician to perform emergency medical treatment to any injuries resulting from any scheduled function including the supervised travel to and from said functions.**IF I/WE NEED TO BE REACHED EITHER DURING PRACTICE OR A GAME YOU MAY REACH ME OR THE FOLLOWING PERSONS AT: LIST 4 INCLUDING YOURSELF.** |
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| **NAME OF EMERGENCY CONTACT AND RELATIONSHIP** | **EMERGENCY PHONE NUMBER** |
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| I/We, the parent or guardian of the above-named candidate, for participation in Rapids Raptor Football, hereby give my/our approval for our child to participate in all activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Rapids Raptors Youth Tackle Football, the board members, organizers, sponsors, supervisors, participants, and any person transporting my/our child, except to the extent and in the amount covered by accident or liability insurance. I/We agree to be financially responsible for Rapids Raptors Youth Tackle Football for any football and/or cheerleading equipment my/our child will receive, other than the normal wear and breakage during games and practice and I/We will reimburse Rapids Raptors Youth Tackle Football for the replacement value if lost or damage occurs to said equipment. I we give permission to Rapids Raptors Youth Tackle Football to validate participants school grades. Rapids Raptors Youth Tackle Football reserves the right to discipline any of its participants for conduct that is considered inappropriate or detrimental to the program. If such an instance should occur, a conference shall be held with the parent/guardian and all other parties involved to determine what measures shall be taken including suspension from any/or all further activities. The throwing of equipment or helmets shall not be tolerated. |
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| PARENT/GUARDIAN SIGNATURE: |  | DATE: |  / /  |