

East Aurora Junior Blue Devils

2011 Registration Form

(Please PRINT)

Participants-\$115.00 (Max. per family-\$300.00)

Fee includes participant's jersey or sneakers/socks & Post Season party

Fee for High School Students & Flag Football - \$45.00

Participant Name _____ DOB: ___/___/___ AGE _____
Address: _____ Weight: _____ Phone _____
City/Village _____ ZIP _____ Township: _____
Mother/Guardian _____ Phone: _____
Father/Guardian _____ Phone: _____
Emergency Contact _____ Phone: _____
Family Doctor _____ Phone: _____
School (Exact Name of School) _____

PLEASE READ CAREFULLY!!!

I, Parent/Guardian of the above named participant:

1. Recognize the potential injury factor involved in football, a contact sport, and cheerleading, an athletic activity.
2. Agree to indemnify and save harmless the HJKYFC League/East Aurora Little Loop Football & Cheerleading from any relief liability, personal property damage & personal injury arising other than from negligence of football League Personnel.
3. Understand that should personal injury occur, that the medical insurance of the participant will provide primary coverage & the insurance of the League will be secondary.
4. Agree to authorize League representatives to take any reasonable steps necessary to provide emergency care to the above named participant should effort to contact me fail, with all efforts and/or medical expenses being my responsibility.
5. Recognize that emergency ambulance transportation will be to the nearest facility in reference to where the injury occurred.
6. Accept full responsibility for all uniforms and equipment issued. No piece of equipment or uniform shall be tampered with or modified in any way. Parents will be charged the FULL replacement cost for any damaged or lost items.
7. Understand that registration fees are non-refundable after August 1st.
8. Understand that I, or a family member will be required to volunteer in some capacity during the season, as determined by Little Loop.

PARENT/GUARDIAN (Print) _____

PARENT/GUARDIAN SIGNATURE _____ **Date:** _____

EAST AURORA LITTLE LOOP FOOTBALL & CHEERLEADING
MEDICAL INFORMATION

PHYSICAL EXAMS: Are **no longer required** to participate in East Aurora Little Loop Football & Cheerleading. Please outline below any health information that should be known by the organization while your child is involved in our program.

PHYSICAL FITNESS INQUIRY

Has your child had, or does he/she now have any of the following?

Yes No

- Poor Vision
- Deformity or loss of limbs (arm, leg, foot, hand)
- Dizziness or fainting spells
- nervous or mental condition
- Eye disease
- Blackouts or epilepsy
- Frequent or severe headaches
- Sugar or albumin in urine or other kidney ailment
- Poor hearing in one or both ears
- Heart disease or ailments
- High or low blood pressure

Yes No

- Allergies, Bee stings, etc./asthma condition
- Diabetes
- Wear eye glasses for other than reading
- Drug or narcotic habits
- Wear contact lenses
- Palpitation, chest pain, shortness of breath
- Undescended testicle
- Arthritis, rheumatism, swollen/painful joints
- Missing a major organ such as eye, kidney.
- Wear a hearing aid
- Any other physical condition we should be aware of

If your answer was YES to any of the above questions, please explain fully in this space.

PARENT/GUARDIAN MEDICAL AUTHORIZATION

My child_____ has permission to participate in the East Aurora Little Loop Football & Cheerleading program. In the event of injury or illness to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

Parent Guardian Signature:_____

Date:_____
