

East Aurora Junior Blue Devils-2010 Registration Form

(Please PRINT)

REGISTRATION COST \$115

Fee includes participant's jersey or sneakers/socks & Banquet ticket

Fee for High School Students- TBD

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) _____ Grade: _____
Email Address _____

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 SIGNATURE _____ Date: _____

EAST AURORA LITTLE LOOP FOOTBALL & CHEERLEADING
MEDICAL INFORMATION

PHYSICAL EXAMS: All children participating in the program are required to have a physical exam dated after August 1 of last year. A written, dated note from your family doctor specifying the Childs ability to participate is acceptable. We will offer free Sports exams during the first week of practice.

After the first 3 days of Little Loop practice, no child will be allowed to participate until he/she provides proof of a recently completed physical exam.

PHYSICAL FITNESS INQUIRY

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

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Poor Vision	<input type="checkbox"/>	<input type="checkbox"/>	Deformity or loss of limbs (arm, leg, foot, hand)
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	nervous or mental condition
<input type="checkbox"/>	<input type="checkbox"/>	Eye disease	<input type="checkbox"/>	<input type="checkbox"/>	Blackouts or epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine or other kidney ailment
<input type="checkbox"/>	<input type="checkbox"/>	Poor hearing in one or both ears	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease or ailments
<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Allergies, I stings, etc./ asthmatic condition
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Wear eye glasses for other than reading
<input type="checkbox"/>	<input type="checkbox"/>	Drug or narcotic habits	<input type="checkbox"/>	<input type="checkbox"/>	Wear contact lenses
<input type="checkbox"/>	<input type="checkbox"/>	Palpitation, chest pain, shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Undescended testicle
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, rheumatism, swollen or painful joints	<input type="checkbox"/>	<input type="checkbox"/>	Missing a major organ such as eye,lung ,kidney
<input type="checkbox"/>	<input type="checkbox"/>	Wear a hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	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: _____

PHYSICIANS MEDICAL EXAMINATION

Height _____ Weight _____ Blood Pressure _____ Heart _____ Bone Abnormality _____ Lungs _____

Ears _____ Throat _____ Teeth _____ Hernia _____ Scoliosis _____ Muscle Deficiency _____ Abdomen _____

Remarks:

Physician Signature: _____

Date: _____