

Nittany Youth Football & Cheer League

Application to participate in Nittany Youth Football and Cheer League

____/____/____
Month Day Year

Check One **Circle division played last year if applicable**
____ Football Flag Junior Senior
____ Cheerleading Please circle Tshirt size XS S M L XL

\$____/____
Fee Paid Rec'd By

Initial Weight Weight in August Jersey # desired
at registration Date of Birth (list 3 choices)

____/____/____
Month Day Year

Last, First, (M)

Address Grade level for 2009/10 school year ____

(____)____/____
Home Phone Cell Phone email address

I/We, the parents of the above named participant hereby give my/our permission for participation in any and all Nittany Youth Football and Cheer League activities.

I/We know that participation in football and/or cheerleading may result in serious injury and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Nittany Youth Football and Cheer League, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear. I/We will furnish a copy of the above participants Birth Certificate to the League Officials.

Signature of Parent(s) or Guardian: _____

Please indicate any physical limitations (allergies, asthma, hearing, sight, etc.) of the participant. Please note the League shall not be held liable for any injury arising from any limitation not listed above for which we are not notified of prior to the start of the season or immediately upon its diagnosis. _____

Name of hospitalization plan: _____ **Name of school:** _____

Additional information: _____

If I am unavailable at the time of any Nittany Youth Football and Cheer related injury, I authorize treatment of my child:

X _____
Signature of Parent(s) or Guardian

I/We hereby give permission to use my/ our child's photograph in any or all League promotional or advertising materials.

_____ Yes _____ No

League Use Only: <input type="checkbox"/> Flag <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Birth Certificate verified <input type="checkbox"/> Physical Jersey No. _____ _____ lbs. / / Cert wt. Mo. Day Yr. _____ League Official & Date	FULL FACE PHOTO
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