



20 _____ PLAYER - CHEERLEADER
ULTIMATE 8 FOOTBALL LEAGUE

Team/Organization Name: _____ Date of Birth _____

Division: PEE WEE MIDGET Participants age - current season
 SUPERMIDGET VARSITY Player Player age @ 7/31
 Cheerleader Cheerleader age @ 9/1

PARTICIPANT INFORMATION: *Please print legibly on this form*

CHILD'S NAME _____
Last Name _____ First Name _____
(Staple copy of Birth Certificate to back of original form) Childs Nickname _____
ADDRESS _____ EMERGENCY PHONE # _____
CITY _____ ZIP _____ COUNTY _____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN: _____
Last Name _____ First Name _____
RELATIONSHIP _____ CONTACT PHONE # _____
ADDRESS _____ CITY _____ ZIP _____
(If different than above)
E-MAIL ADDRESS _____ EMPLOYER/JOB _____

FAMILY MEDICAL INSURANCE:

Do you have primary insurance coverage for above child ? **YES** **NO** Insurance Carrier _____
Family Physician Name: _____
Allergies: (list all allergies) _____
Medical Conditions: _____

Image Release:

In consideration of the minor child/ward indicated above, being allowed to participate in any way in the U8FL Football/Cheerleading Program, related to events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image may be published in and outlet used to promote or publicize the sports program.

I HAVE READ AND AGREE TO ABIDE BY THE TERMS OUTLINED ABOVE FORM

Witnessed by _____
Date _____

Print Name _____
Signature _____ Date _____