

**LAKESIDE YOUTH FOOTBALL AND  
CHEERLEADING CLUB**



**APPLICATION AND CONSENT TO PARTICIPATE**

NAME OF PARTICIPANT: \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

AGE ON AUGUST 1, 2008: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\*\*E-mail address \_\_\_\_\_

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**MEDICAL INFORMATION**

To whatever medical authority it may concern:

In the event that you are unable, after diligent effort has been made to obtain parental consent, please perform any and all medical treatment requested or needed by my / our minor child,

\_\_\_\_\_ (child's name), that you, in the exercise of your best professional judgement, deem necessary under the circumstance. I / We hereby consent in advance to such treatment and agree to hold you harmless from any action or claim based on lack of parental consent that may arise in connection with such treatment. I / We also agree to pay any fee or fees which may be associated with such treatment. The following is my / our child's medical information:

FAMILY PHYSICIAN: \_\_\_\_\_ PHYSICIAN'S PHONE: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_

INSURANCE GROUP NUMBER: \_\_\_\_\_

SPECIAL PRECAUTIONS OR ALLERGIES: \_\_\_\_\_

PERFERED HOSPITAL: \_\_\_\_\_

**I / We have read and understand the above consent and release, and as indicated by the signature below, agree to the terms thereof.**

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**ABSOLUTELY NO REFUNDS AFTER THE 1<sup>ST</sup> WEEK OF PRACTICE.**

**LAKESIDE YOUTH FOOTBALL AND  
CHEERLEADING CLUB**



**LIABILITY RELEASE FORM**

1. (I am) (We are) aware that LAKESIDE YOUTH FOOTBALL AND CHEERLEADING CLUB does not provide standard insurance coverage for children participating in this program. Insurance coverage is the sole responsibility of the participant's parent or guardian.
2. (I am) (We are) aware that athletic competition and practice can be a dangerous activity involving risk of injury to the child. (I) (We) understand that the dangers and risks of playing or practicing include but are not limited to death, serious neck and spinal injuries, injuries to bones, joints, ligaments, muscles, tendons and other aspects of a child's body, general health and well being. (I) (We) understand that the dangers and risks of playing or practicing may result not only in serious injury, but in a serious impairment of a child's future abilities to earn a living, to engage in other business and in social or recreational activities.
3. (I) (We), \_\_\_\_\_,  
the parent(s) and or legal guardian  
  
of \_\_\_\_\_  
(participant's name)  
do hereby agree to assume all responsibility and to pay for all medical and hospital expenses and any services of an emergency nature and charges that are incurred in the medical treatment or hospitalization of our child participating in the LAKESIDE YOUTH FOOTBALL AND CHEERLEADING CLUB program.
4. (I) (We) do hereby bind ourselves, our heirs, executors, administrators and assigns to forever release and discharge. LAKESIDE YOUTH FOOTBALL AND CHEERLEADING CLUB, it's agents, Board of Directors, coaches, assistant coaches, team members, officials, volunteers or anyone with whom the participant may be participating or traveling with from any claims, demands, losses, damages, costs, expenses and attorney's fees for any injury or death of the participant listed resulting from, growing out of or arising in any manner from playing, practicing or traveling in the football program.

**(I) (We) have read and understand the above release and, as indicated below by my signature, agree to the terms thereof.**

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

METHOD OF PAYMENT: \$45.00 Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

**ABSOLUTELY NO REFUNDS AFTER THE 1<sup>ST</sup> WEEK OF PRACTICE.**

(A photocopy of this document shall have the same force and effect as the original).

# Parent Volunteer Information

Our Little League Football and Cheerleading organization depends heavily on the parents to help with our home football games. Please inform us how you would be available to help by indicating at least one of the following areas. We also welcome help of older siblings in some areas.

- Being part of the Coaching Staff:

<input type="checkbox"/> Mini-Mite Head Coach	<input type="checkbox"/> Mini-Mite Assistant Coach
<input type="checkbox"/> Dynamite Head Coach	<input type="checkbox"/> Dynamite Assistant Coach
<input type="checkbox"/> PeeWee Head Coach	<input type="checkbox"/> PeeWee Assistant Coach
<input type="checkbox"/> Bantam Head Coach	<input type="checkbox"/> Bantam Assistant Coach
<input type="checkbox"/> FOOTBALL	<input type="checkbox"/> CHEERLEADING (Please mark one)

- Concessions at home games (you will not be asked to do concessions during your own child's game but you can work the game before or after his / her game so you may watch your child's game). Only High School age or adults for this job please.
- Running Chains during a game.
- Helping with spotting plays in the Press Box.
- Clean-Up field after a game.
- Team Mom (or Dad) - Someone to help in coordinating snacks or drinks for the kids after the games and to act as an assistant for the coaches in relaying information to parents.
- I am interested in finding out what's involved with becoming a Board Member on the LYFCC Board (if you mark this item you will be contacted by a Board Member with further details).

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your Participating Child's Name: \_\_\_\_\_

Thank-you so much for your help... without our Parent Volunteers our organization would not be able to function.