Hernando Youth Football Association

Player / Cheerleading application form www.hernandoyouthfootball.com

Child's Name	Birthdate	
Parents' names		
Address	City	
Primary email	Secondary email	_
Primary phone	Secondary phone	
Note: Your child's age on Aug 1, 201 Age Brackets (please circle one) 5	10 v2012 will determine the bracket in which he or she participates 5-6 flag, 7-8, 9-10, 11-12	
Would you like to Coach/Asst Coach	h? (please circle one) Y N	
Emergency Contact Informatio	on other than parent or guardian	
Name:	Relationship to child:	_
Phone number:		
List any medical conditions:		_
	being allowed to participate in any way in the Hernando d activities, the undersigned acknowledges, appreciates,and agrees that:	-
risk of serious injury does exist, and, 2)FOR MALL SUCH RISKS,both known and unknown, RELEASES or others, and assume full respon 3)I willingly agree to comply with the program's any unusual significant concern in my child's richild from the participation and bring such atte 4)I myself,my spouse,my child, and on behalf RELEASE THE other participants, sponsoring premises used to conduct the event ("Release or loss or damage to person or property incide ARISING FROM THE NEGLIGENCE OF THE 5)I, for myself, my spouse, my child, and on be HEREBY INDEMNIFY AND HOLD HARMLES involvement or participation in these programs extent permitted by law.	It's stated and customary terms and conditions for participation. If I observe readiness for participation and/or in the program itself, I will remove my tention of the nearest official immediately, and, for my/our heirs, assigns, personal representatives and next of kin, HEREBY gragencies, sponsors, advertisers, and if applicable, owners and lessors of sees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, lent to my child's involvement or participation in these programs, WHETHER ERLEASEES OR OTHERWISE, to the fullest extent permitted by law. Dehalf of my/our heirs, assigns, personal representatives, and next of kin, SS all the above Releasees from any and all liabilities incident to my ins, EVEN ARISING FROM THEIR NEGLIGENCE, to the fullest	
	Y AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS EN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND	
Parents Name (Please Print)		
Parent's signature	Date	
Participation Fe	ee: \$75 by August 1st	
Participation (circle one)	Football Cheerleading	
Please remit to: all ched Hernando Youth Football 4745 Getwell Rd S Hernando, Ms 38632	cks payable to "Hernando Youth Football" -or- Sports Of All Sorts check# 345 East Commerce Hernando, MS 38632 cash	