

# Blue Demon Participant Registration

I (we) hereby give our consent for:

**Player Name:**

to participate in (circle one): Cheerleading Tackle Football  
in the Peotone Blue Demons Youth Football & Cheerleading Program for 2009

**Address:** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date of Birth: age:** \_\_\_\_\_

Email Address: (Required For Email League Notifications):  
\_\_\_\_\_

I (we) further relieve the Peotone Blue Demons, and connected parties thereof, of any responsibility for any injuries incurred. Our Son/Daughter is covered by a primary medical insurance carrier and that the Peotone Blue Demons league insurance is a supplemental policy. Our Son/Daughter has had sufficient medical attention and we believe him/her to be physically fit for football/cheerleading:

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***It is recommended, but not mandatory, for your child to receive a physical before beginning training.***

### Insurance Information

Name of Insurance Holder: \_\_\_\_\_

Primary Medical Insurance Carrier/Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact

Name of a person to contact in case of emergency (if you are unreachable): \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Medical Release And History

Parent/Guardian Name: \_\_\_\_\_

I certify that [Child Name]

Is physically capable and able to fulfill the requirements for football/cheerleading. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my child in the event of illness or injury during any and all league related activities.

In the event of an emergency during a league-sponsored event, I grant my permission to the league to take whatever action is necessary. In the event I cannot be reached, and/or the emergency contact person cannot be reached, I hereby give authorization for my child,

[Child Name] to receive medical treatment.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Heart Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Convulsions Disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>List Allergies, Medications And Other Pertinent Information Below. Use back of sheet if necessary:</i>	

**If you do not grant permission for medical treatment in your absence, what procedure should be followed:**

<b>If your child's name is any different than his/her parent or guardian, please specify:</b>
Name: _____

**\*\*Peotone Youth Football and Cheerleading Program has a NO REFUND POLICY.\*\***