BENICIA YOUTH FOOTBALL & CHEER

2007 Registration Form

☐ Football
☐ Cheer

All information is required to complete registration. Please print.

Check One: ☐ New ☐ Returning

First Name *(as it appears on Birth Certificate)* _____ **Last Name** _____ **Nick Name** _____

Age as of 8/1/07 _____ **Date of Birth** _____ **Grade, Fall 2007** _____ **School, Fall 2007** _____

Football Player Current Weight: _____

Parent's Names:

Mother: _____

Father: _____

Parent's Email Addresses: *Enter only the one most used and often checked email address for correspondence! If parents live separately, enter email addresses for both.*

Mother: _____

Father: _____

Child Resides With: _____
First and Last Name(s)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Ph. #: _____ **Mom Cell #:** _____ **Dad Cell#:** _____

Emergency Contact Other than Parent:

Name: _____ **Phone:** _____

Family Physician: _____ **Phone:** _____

Health Insurance Company: _____ **Policy #:** _____

How did you hear about us: _____ (please select) **Other:** _____

I/We the parent of the above named candidate for a position on a Youth Football Team / Youth Football Cheer Team, hereby give my/our approval for him/her to participate in any and all Benicia Youth Football / Diablo Valley Youth Football Conference activities. I/We assume, all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, absolve, indemnify and agree to hold harmless Benicia Youth Football, Diablo Valley Youth Football Conference, the organizers, sponsors, supervisors, participants, officials and persons transporting my/our child to and from activities for any claim arising out of any injury to my child, whether the result of negligence or any other cause, except to the extent covered by accident or liability insurance, I/We know that participation in Benicia Youth Football (both football and cheerleading) may result in serious injury to my/our child and that protective equipment commonly used by football players does not prevent all injuries to players. In case of emergency I/We authorize the above name participant to be treated by an available physician, medical staff person authorized by Diablo Valley Youth Football Conference or any of its member teams or any emergency response team.

Signature of Parent or Legal Guardian _____ **Date** _____

For Internal Use Only

Scout *Jr. Pee Wee* *Pee Wee* *Jr. Midget* *Midget*

FEES:		PAYMENT:		NOTES:
Registration:		Check #:		
Fundraiser:		Check Amt:		
Volunteer:		Cash:		
Total Due:		Total Paid:		