

CLEVELAND MUNY FOOTBALL & CHEERLEADING PARTICIPANT CONTRACT & MEDICAL FORM



TACKLE FOOTBALL (7 player) ROOKIE (7 player) 6U 7U TERMITE 8U 9U JUNIOR
 10U 11U PEEWEE 12U JR BANTAM 13U 14U BANTAM

FLAG FOOTBALL 6U 8U 10U 7v7 TOUCH FOOTBALL 12U 14U

Age as of July 31 for tackle
Ages can be mixed for any division but not to exceed the oldest age for the group.
Age as of January 1st for Flag

Team Name _____ Year _____ Tackle Football _____ Cheerleading _____ Flag Football _____
 Child's Name _____ Age (as of 7/31) _____ Date of Birth _____
 Address _____ City/Town _____ State _____ Zip _____ Ward _____
 Phone _____ Emergency _____ School Attending this Fall _____
 Grade in Fall _____ e-mail address _____ Participated last year YES NO

MEDICAL SERVICES AGREEMENT AND LIABILITY WAIVER

I hereby agree for my child to play with the team herein mentioned under the rules and regulations of the Cleveland Muny Football & Cheerleading League during the playing season of 20__ unless otherwise assigned by the Cleveland Muny Football League. I certify that my child is not a member of any other team in this or any other league and all information giving on this contract is true and any contract falsification shall result in my child's automatic suspension from the Cleveland Muny Football League for one calendar year.

On behalf of my football/cheerleading athlete _____ I hereby release the Cleveland Muny Football League, City of Cleveland and Cleveland Metropolitan School District of any and all medical, dental or hospital expenses incurred during all practices, on the field of play or during transporting of football/cheerleading members while participating in any scheduled Cleveland Muny Football League activities. Participant/parent fully and release, discharges Cleveland Muny Football League, it's subsidiaries, directors, officers, employees, insurers, sponsors, facilities and vehicles, ad all organizations involved in league activities from any and all injuries including (death), losses, damages, claims, (negligence claims), lawsuits, and any other activities, including transportation related to the event.

Name of Medical Insurance Carrier _____ Policy # _____ However, the Cleveland Muny Football League carries secondary Health Insurance. Only the organization's staff members i.e. coaches and or parents of said organization shall transport their organization's football/cheerleading participants with a proof of a valid driver's license and insurance to and from practices, fields of play and events related to Cleveland Muny Football League scheduled activities.

EMERGENCY MEDICAL RELEASE: I/We the parents/guardian of applicant give our permission for Any Emergency Treatment Necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform treatment for any injuries resulting from any scheduled Cleveland Muny Football League functions. Parent/Guardian Initial _____

MEDIA RELEASE: During the course of the season, games and events for the Cleveland Muny Football League will be photographed and videotaped in order that we might retain a living memory of the season as well as publicize the Cleveland Muny Football League programs. In consideration of participation in Cleveland Muny Football & Cheerleading League, I agree that my child may be photographed and videotaped during official Cleveland Muny Football events and that the video and pictures may be published to promote or publicize Cleveland Muny Football & Cheerleading. Parent/Guardian Initial _____

I understand that Cleveland Muny Football League does not sanction any games, sleepovers, workouts or trips other than those scheduled by Cleveland Muny Football during the Municipal season and any non-scheduled activities are not related in any way to the Cleveland Muny Football League and is prohibited without written consent from the director.

PARENTS ARE NOT ALLOWED TO COME ON THE FIELD UNLESS INVITED BY MUNY PERSONNEL. CONDUCT NOT REPRESENTING GOOD SPORTSMANSHIP MAY RESULT IN EXPULSION FROM PRACTICE, GAME AND MUNY ACTIVITIES. By signing I have read and will comply with the parents code of conduct in the rules book.

HELMET WAIVER: We acknowledge and understand the risks involved when playing football, which is a collision sport, the NOCSAE committee has adopted the following warning to be read by, and signed by both the parent/guardian and participant:
 "DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT, THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR, NO HELMET CAN PREVENT ALL SUCH INJURIES."

PARENT/GUARDIAN SIGNATURE: _____ **PLAYER SIGNATURE:** _____

ATHLETE'S HISTORY

- Has this athlete ever had hospitalization, surgery, injury or serious medical illness? YES NO
- Is this athlete now under the care of a physician or taking medication? YES NO
- Has any Physician ever recommended or do you feel that there should be limitations placed on participation in competitive sport? YES NO
- Does this athlete have any known allergies to medications? YES NO
- Does this athlete wear glasses or contacts? YES NO
- Has this athlete ever blacked out or lost consciousness during physical activity? YES NO

If yes, please specify...

For office use only:
 Birth Date _____
 Prof: Birth Certificate School Record
 Previously verified contract
 State ID Medical Records
 Certified By: _____
 Date: _____

I have read and reviewed the above information and do hereby agree to allow my child to participate in the Cleveland Muny Football & Cheerleading program

Parent/Guardian Signature _____ **Date** _____ **Coaches Signature** _____ **Date** _____