



## CLEVELAND MUNY FOOTBALL LEAGUE SPRING FLAG FOOTBALL / 7V7 REGISTRATION FORM

<b>Team Name</b>						
Select Division of Play (circle one)	<b>6U (5 &amp; 6 yrs)</b> 5v5 Flag Football	<b>8U (7 &amp; 8 yrs)</b> 5v5 Flag Football	<b>10U (9 &amp; 10 yrs)</b> 5v5 Flag Football		<b>12U (11 &amp; 12 yrs)</b> 7v7 Passing Football	<b>14U (13 &amp; 14 yrs)</b> 7v7 Passing Football
Participant Name			Birth Date		Age (as of Jan 1)	
Address				City, State, Zip Code		Ward
School		Participated last year ____ YES ____ NO		Shirt Size* (Circle One) YS YM YL YXL AM AL AXL A2X A3X		
Parent/Guardian 1		Relationship to Player	Phone Number		Email	
Parent/Guardian 2		Relationship to Player	Phone Number		Email	
Does the athlete have any medical issues or limitations we should be aware of?		Comment				

### 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 given 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.

Please Provide name of Medical Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_. However, in the event a player or cheerleader is injured, the Cleveland Muny Football League carries secondary Health Insurance which provides liability and medical insurance for league practice and league games only.

**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** \_\_\_\_\_

**SCHEDULE RELEASE:** 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. **Parent/Guardian Initial** \_\_\_\_\_

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.

#### FOR OFFICE USE ONLY:

Birth Date: \_\_\_\_\_  
 Prof: State ID / Birth Certificate / School Record  
 Medical Records / Previously verified contract  
 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 \_\_\_\_\_