

CLEVELAND MUNY BASKETBALL PARTICIPANT CONTRACT & MEDICAL FORM

Team Name				PLEASE PRINT CLEARLY		BASKETBALL		CHEER			
Select Division of Play (circle one)		Rookie Div. (5 & 6 yrs)		Termite Div. (7 & 8 yrs)		Junior Div. (9 & 10 yrs)		Peewee Div. (11 & 12 yrs)		Bantam Div. (13 & 14 yrs)	
Participant Name				Birth Date		Age (as of 7/31)				Grade	
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.

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, its subsidiaries, directors, officers, employees, insurers, sponsors, facilities and vehicles, and 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.

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 _____

WAIVER 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 _____

ACKNOWLEDGEMENT OF RISK: I, _____ (parent/guardian), understand that cheerleading is a physically demanding sport that involves stunts, tumbling, and other athletic activities. I acknowledge that participation in cheerleading involves inherent risks, including but not limited to: Sprains, strains, and fractures. Concussions or head injuries. Muscle tears or other soft tissue injuries. Serious injury or death. I voluntarily assume all risks associated with cheerleading activities.

PARENT/GUARDIAN SIGNATURE _____

PRINT NAME _____

As a parent or legal guardian, I hereby verify that by my signature below that I fully understand and accept each of the above conditions, have reviewed the individual eligibility rules, and I am fully aware that with the participation in tumbling, trampoline, and cheerleading comes the risk of injury to my child/ward. I understand the degree of danger and seriousness of risk of injury and assume responsibility for discussing such dangers with my child. I certify that my child has sufficient insurance to cover an injury sustained during participation at Cleveland Muny Football League cheerleading events and therefore agree to hold harmless Northeast Ohio Muni Football for any such injury. I also agree to comply with the parents code of conduct in the rules book.

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

FOR OFFICE USE ONLY:

Birth Date: _____

Prof: State ID / Birth Certificate / School Record

Medical Records / Previously verified contract

Certified By: _____

Date: _____



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