

CLEVELAND MUNY FOOTBALL PARTICIPANT CONTRACT & MEDICAL FORM

Team Name						PLEASE PRINT CLEARLY			Tackle Football	Flag Football
Select Division of Play (circle one)	6U Flag Football	8U Flag Football	10U Flag Football	12U 7v7 Football	14U 7v7 Football	Rookie Div. (5 & 6 yrs) 7 man tackle	Termite Div. (7 & 8 yrs) 11 man tackle	Junior Div. (9 & 10 yrs) 11 man tackle	Peewee Div. (11 & 12 yrs) 11 man tackle	Bantam Div. (13 & 14 yrs) 11 man tackle
Participant Name					Birth Date		Age (as of 7/01 Tackle) (age as of 01/01 Flag)			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 _____

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 _____

PRINT NAME _____



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 _____