

Eagle Youth Cheerleading/ Football Registration Form

Athlete's Name: _____ Date of Birth _____
Last name First name

Home Address: _____

Parent/Guardian: _____ Parent/Guardian: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

(Please indicate which number is preferred for Constant Contact)

Email: _____ Email: _____

School: _____ Grade in Fall 2017: _____

Emergency Medical Contact Form

Consent to Treat: In the event that the parent/guardian cannot be reached, list 2 persons that we may contact who can act on behalf of the parent/guardian:

Name: _____ Name: _____

Phone: _____ Relationship: _____ Phone: _____ Relationship: _____

If unsuccessful, I hereby give my consent for administration of any treatment deemed necessary by:

Doctor: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Hospital: _____

In the event the preferred physician or dentist is not available, I give my consent for treatment by another licensed physician or dentist. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted.

Date

Parent/guardian signature

REFUSAL TO CONSENT: Do not complete if you complete the above.

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Date

Parent/guardian signature

Athletic fee: _____
Amount paid Payment type Date