

Nittany Youth Football & Cheer League

Application to participate in Nittany Youth Football and Cheer League

____/____/____
Month Day Year

Check One
____ Football
____ Cheerleading

Division played last
year if applicable:

\$ _____ / _____
Fee Paid Rec'd By

Initial Weight
at registration

Weight in August

Jersey # desired

Last, First, (M)

Date of Birth
____/____/____
Month Day Year

Street Address, City, State, Zip

(____) _____
Phone Number

email address

I/We, the parents of the above named participant hereby give my/our permission for participation in any and all Nittany Youth Football and Cheer League activities.

I/We know that participation in football and/or cheerleading may result in serious injury and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Nittany Youth Football and Cheer League, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear. I/We will furnish a copy of the above participants Birth Certificate to the League Officials.

Signature of Parent(s) or Guardian: _____

Please indicate any physical limitations (allergies, asthma, hearing, sight, etc.) of the participant. Please note the League shall not be held liable for any injury arising from any limitation not listed above for which we are not notified of prior to the start of the season or immediately upon its diagnosis. _____

Name of hospitalization plan: _____ Name of school: _____

Additional information: _____

If I am unavailable at the time of any Nittany Youth Football and Cheer related injury, I authorize treatment of my child:

X _____
Signature of Parent(s) or Guardian

I/ We hereby give permission to use my/ our child's photograph in any or all League promotional or advertising materials.

_____ Yes _____ No

League Use Only:

- Flag Proof of Age
 Junior Physical
 Senior

FULL FACE PHOTO

To be completed prior to 1st game:

Jersey No. _____

_____ lbs. ____/____/____
cert wt. Mo. Day Yr.

League Official & Date