

MID-FLORIDA YOUTH FOOTBALL & CHEERLEADING CONFERENCE
PARTICIPANT IDENTIFICATION CARD

FOOTBALL CHEERLEADING

ATTACH
PHOTO
HERE

DATE: _____ DIVISION: _____ ORGANIZATION: _____

AGE: _____ DATE OF BIRTH: _____ STUDENT ID # _____
(As of July 31, 2025)

PARTICIPANT NAME: _____

ADDRESS: _____
CITY ST ZIP CODE

GRADE: _____ SCHOOL: _____
2024-2025 School Year 2024-2025 School Year

I, THE PARENT/GUARDIAN HEREBY ADVISE THAT THE PARTICIPANT LISTED ABOVE IS NOT IN THE 10TH GRADE FOR THE 2024-2025 SCHOOL YEAR NOR TURN 16yrs old THIS CALENDAR YEAR OF 2024.

PARENT/GUARDIAN NAME: (PRINT) _____

PARENT GUARDIAN SIGNATURE: _____

PHONE: (Home) _____ (Work) _____ (Pager/Cell) _____

I, the parent/guardian of the above-named participant hereby give my child approval to participate in any and all MFFCC events including transportation to and from the events. I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading and/or dance may result in **SERIOUS INJURIES, PARALYSIS, and PERMANENT DISABILITY AND/OR DEATH**. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local league and MFFCC and any and all organizers, sponsors, supervisors, participants, and persons transporting the above-named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

I also give MFFCC permission to contact my child's school and verify the information I provided is True and Correct.

PARTICIPANT SIGNATURE

PARENT/GUARDIAN SIGNATURE

I fully understand that any false or misleading information given on this card will result in forfeiture of all games AND suspension of Head Coach.

HEAD COACH SIGNATURE: _____

MID-FLORIDA YOUTH FOOTBALL & CHEERLEADING CONFERENCE

MEDICAL RELEASE FORM

I/We, _____, of _____
(Parent/Guardian) (Street Address)

_____, City of _____
(City)

County of _____, State of FLORIDA, am/are
(County) (State)

the parent(s)/ guardian(s) have legal custody of _____, a minor,
(Child's Name)

age _____, born _____, who reside with me/us at the set
(Age) (DOB)

form above. I
IN CASE OF AN EMERGENCY, I/We authorize _____

_____, an organization and its adult representatives, in whose care the minor has
been entrusted, and who resides at _____ City of _____
State of Florida, to take said minor to an emergency room, doctor's office,
clinic, or hospital. I/We also give my/our consent to an X-ray examination, anesthetic, medical or
surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or
surgeon licensed to practice in any state of the United States and do consent to an X-ray examination,
anesthetic, dental or surgical diagnosis or treatment and to hospital care, to be rendered to the minor by
a dentist licensed to practice in any state of the United States.

Dated this _____ day of _____, 20 25

(Parent or Guardian)

Before me personally appeared

this _____ day of _____
20 25

Notary Public
My commission expires: _____