

**FINGER LAKES YOUTH FOOTBALL CHEERLEADING LEAGUE, INC. Contract 2023**

**Participant Information: Please Print Legibly**

Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_ Attach Picture City/Town State Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_ What grade will your participant be in for the upcoming school year:

\_\_\_\_\_

Age (as of 12/1 this year) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please Circle:** Player Cheerleader **TEAM:** B-Team C-Team Flag **Participated last year:** YES or NO If

yes, what squad \_\_\_\_\_

**Participant (Player/Cheerleader) Pledge**

I will:

- Maintain good standing in school
- Abide by officials' decisions
- Show good sportsmanship
- Refrain from using foul language
- Not damage/deface property, buildings or equipment

Player/Cheerleader (Child) Signature / Date

**Parents' Permission to Participate**

I understand that football is a contact sport and my child can be injured while participating as a "player" or "Cheerleader" in practice and play of the sport as well as in traveling and other related activities incidental to my child's participation. I also understand that an injury may be of a minor or major variety.

In addition to giving full consent for my child to participate, I do hereby waive, release and hold harmless the organization named, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered during the course of normal participation of this sport.

\_\_\_\_\_  
Parent Signature / Date

**Procedure for Medical Attention**

I, the undersigned, do hereby authorize officials of the Finger Lakes Youth Football and Cheerleading League to contact directly the persons named on this Contract Form, and do authorize an attending physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of said child.

\_\_\_\_\_  
Parent Signature / Date

**To Parent or Guardian:**

To serve your child in case of an accident, it is necessary that you furnish the following information for emergency cases. List neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached;

Emergency Contact Name: Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Medical Coverage Information**

The Finger Lakes Youth Football and Cheerleading League has accident insurance coverage for medical and hospital expenses with a \$250.00 deductible amount for each accident incurred. This insurance is a secondary coverage, following the parent's own medical insurance coverage. Any injury that requires medical attention must be reported to team officials immediately and the proper claim forms filled out and submitted by the parent team of the Finger Lakes Youth Football and Cheerleading League.

\_\_\_\_\_  
Parent Signature / Date

**FLYFCL Certification** \_\_\_\_\_ Signature of FLYFCL Official Date