

Youth Football & Cheerleading Registration Form



DeSoto Parks
& Recreation

We believe that in order to realize the true value of youth sports participation and to provide a safe, positive, fun and maintained environment for youth and their families to participate, we must raise the standards among the youth sports community.

PLAYER INFORMATION (PLEASE PRINT)

Last Name	First Name	Date of Birth	Age
Street Address	City	State	Zip
Previous Organization	Preferred Organization	Football	or Cheerleading <i>(please circle one)</i>
Does your child have any siblings participating in the league for the current season? YES / NO <i>If, Yes Please answer the following</i>			
Name _____	Age _____	Football	or Cheerleading
Name _____	Age _____	Football	or Cheerleading
Name _____	Age _____	Football	or Cheerleading

PARENT INFORMATION (PLEASE PRINT)

PRIMARY	SECONDARY
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Work Phone	Work Phone
Mobile Phone	Mobile Phone
Email Address	Email Address

For Office Use Only

Draft Team _____ Draft # _____

Sibling Football _____ Cheer _____ Returning _____ New _____

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AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way the City of DeSoto Youth Football and Cheerleading athletic/sports program, and related events and activities, the undersigned: 1. Agrees that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach of such condition(s) and refuse to participate. 2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at the time. 3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death. 4. Does hereby release, indemnify and hold harmless the City of DeSoto, Texas, its officers, agents, employees, contractors, third party representatives and invitees from any and all claims, damages, causes of action of any kind whatsoever, statutory or otherwise, for personal injury, including death, property damage and lawsuits and judgments, including court costs, expenses and attorneys fees, and all other expenses that the undersigned has, or might have, known or unknown, now existing or that might arise hereafter, directly or indirectly from the Undersigned participation in Youth Football or Cheerleading sports program.

I do hereby state that all of the information on this form is true and correct. I am aware that falsification of information given on this form is grounds for the removal of the above named participant from DeSoto Youth Football & Cheerleading athletic/sports program, and that their team shall forfeit each activity that he/she participates.

PHOTOGRAPGHY WAIVER: Pictures may be taken of my child while participating in the City activities and may be used for program publicity. If you do not concur please contact the Parks and Recreation Department.

PARENT/GUARDIAN SIGNATURE

DATE

AUTHORIZATION OF CONSENT TO MEDICAL TREATMENT OF A MINOR

I (We), the undersigned parent(s) of _____, a minor, do hereby authorize all representatives of the City of DeSoto as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general or special Provision of any physician and surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any accredited hospital, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

IN CASE OF AN EMERGENCY, IF WE ARE UNABLE TO CONTACT EITHER PARENT, PLEASE PROVIDE THE NAME AND PHONE NUMBER OF A RELIABLE FRIEND OR RELATIVE:

Emergency Contact Name _____ Phone _____

It is understood that effort shall be made to contact the undersigned Parent/Guardian PRIOR to the rendering of treatment to the patient but that none for the above treatment shall be withheld if the undersigned cannot be reached. This authorization shall remain effective through December 31, 2017 unless sooner revoked in writing and delivered to said agent(s).