**MID-FLORIDA YOUTH FOOTBALL & CHEERLEADING CONFERENCE**

**PARTICIPANT IDENTIFICATION CARD**

**FOOTBALL** **☐ CHEERLEADING** **☐**

**DATE: DIVISION: ORGANIZATION:**

**AGE: DATE OF BIRTH: \_\_\_\_\_\_ STUDENT ID #\_\_\_\_\_\_\_\_\_\_\_**

**(As of July 31, 2022)**

**PARTICIPANT NAME:**

**ADDRESS:**

CITY ST ZIP CODE

**GRADE: SCHOOL: 2022-2023 School Year 2022-2023 School Year**

**I, THE PARENT/GUARDIAN HEREBY ADVISE THAT THE PARTICIPANT LISTED ABOVE IS NOT IN THE 10TH GRADE FOR THE 2022-2023 SCHOOL YEAR NOR TURN 16yrs old THIS CALENDAR YEAR OF 2022.**

**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:**



**MUST BE INITIALED BY AN AUTHORIZED PERSON**

**\*\*\*\*\*MUST USE INK\*\*\*\*\***

|  |  |
| --- | --- |
| **Regular Season Games** | **Post Season: Playoff/Super Bowl/Cheer-Off** |
| **WK** | **Present** | **Absent** | **League/Initial** | **DATE** | **Present** | **Absent** | **League/Initial** | **DATE** |
| **1** |  |  |  |  |  |  |  |  **– Rd1** |
|  **2** |  |  |  |  |  |  |  |  **– Rd2** |
| **3** |  |  |  |  |  |  |  |  **–Rd3** |
| **4** |  |  |  |  |  |  |  |  **– Rd4** |
| **5** |  |  |  |  |  |  |  |  **- SB** |
| **6** |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |

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**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 22**

 **Before me personally appeared**

 **this day of**

**(Parent or Guardian) 20 22**

 **Notary Public**

 **My commission expires:**