



2019 St. Amant Wildcats Youth Football Organization

Registration Form

P O Box 402 St. Amant, LA 70774



3 Copies of Birth Certificate Required

- | | | |
|-------------------------------------|---|------------------|
| <input type="checkbox"/> New Player | <input type="checkbox"/> Returning Player | # of Years _____ |
| <input type="checkbox"/> A Football | <input type="checkbox"/> A Cheer | |
| <input type="checkbox"/> B Football | <input type="checkbox"/> B Cheer | |
| <input type="checkbox"/> C Football | <input type="checkbox"/> C Cheer | |
| <input type="checkbox"/> D Football | <input type="checkbox"/> D Cheer | |



Siblings _____

Participant Information

Last Name _____ First Name _____
 Address _____
 City, State & Zip _____
 Phone _____ Birthday _____

Parent/Guardian Information

Father's Name _____ Phone _____
 Email Address _____

Mother's Name _____ Phone _____
 Email Address _____

Emergency Contact

Name _____ Phone _____

_____ Initial – I/We agree to return, when requested, all equipment that is issued to our child in the same condition as it was issued. A charge of \$500.00 will be assessed to you for lack of any equipment not returned to the organization.

_____ Initial – I/We agree that if my required original numbers of steak dinner tickets are not sold, then my child's equipment will be rented in the amount of \$100.00 for the season and is non-refundable for football players. For families with only cheerleaders, a \$50.00 non-refundable penalty is applied, and my cheerleader cannot cheer until penalty is paid.

_____ Initial – I/We have received and read a copy of the parent's code of Ethincs. I/We agree to comply with all the rules of this organization.

_____ Initial – Incase of an emergency, as a parent or guardian of the above named player, I/We hereby give consent for medical care. This care may be given uncer whatever conditions are necessary to preserve the wellbeing of the player.

_____ Initial – I/We authorize STA Wildcats to photograph my child and use photos for organizational events.

Try Outs will be held July 8th – 12th @ Reynolds Lambert Park in Sorrento

List any medical problems or prohibition child has: _____

Insurance Carrier: _____ Family Physician: _____

Parent/Guardian Signature: _____ Date: _____

RELEASE OF LIABILITY & ASSUMPTION OF RISK

IN CONSIDERATION OF my minor child/ward ("my child"), being allowed to participate in any way in the Southern Louisiana Youth Football Association & the Saint Amant Wildcat Youth Football League program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from activities involved in these programs is significant, including the potential for bodily injury, permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my our participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe and unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such to the attention of the nearest official immediately; and,
4. I myself, my spouse, my child, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The Saint Amant Wildcat Youth Football League, The Southern Louisiana Youth Football Association, The Livingston & Ascension Parish School Districts, Zachary ISD, The Denham Springs Parks and Recreation Department, other participants, sponsoring agencies, board members, coaches, volunteers, sponsors, advertisers, and if applicable, facility owners / lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISIBILITY, DEATH, or loss or damage to person or property WETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

MINOR AGE CHILD

This is to certify that I am the parent or guardian or ward with the legal responsibility for the under aged minor child Considered above and do hereby agree to this release on his/her behalf.

I have / will communicate the responsibilities for adhering to the rules and regulations to my child and will apprise him / her of the risks involved by participation and the considerations given herein for that participation.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____