

## Youth Football League

\$50.00 Registration Fee

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Preferred Site: \_\_\_\_\_ Carver / \_\_\_\_\_ McCracken

Copy of birth certificate (required): yes \_\_\_\_\_ no \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Special Needs: \_\_\_\_\_

*(In an effort to better serve you please acknowledge if your child has any special needs)*

### For Parent or Guardian

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact other than parent or guardian: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Would you like to be a volunteer coach: Yes \_\_\_\_\_ No \_\_\_\_\_

### Authorizations and Release:

**Photograph Permission:** I give permission for the City of Spartanburg and Spartanburg School District 7 to use any photographs of my child for future promotional purposes.

**Medical Treatment:** I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first-aid treatment by a qualified staff member in the event I cannot be contacted. I also give permission for my child to be transported by ambulance to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical, and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, and drugs) to be performed for my child by a licensed physician or hospital selected by the City of Spartanburg or Spartanburg School District 7 when deemed immediately necessary or advisable by the physician to safeguard my child's health.

**Release from Liability:** Recognizing the City of Spartanburg and Spartanburg School District 7 will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the City of Spartanburg and Spartanburg School District 7 and its agents from all liability based on any damages, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in the youth sports program.

**I have read and understand the above and completed this form to the best of my ability.**

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, please contact Nichole Cohen at: 864-497-4254;  
[ncohen@cityofspartanburg.org](mailto:ncohen@cityofspartanburg.org) or Jamal Beasley at 864-753-3131; [mbeasley@cityofspartanburg.org](mailto:mbeasley@cityofspartanburg.org)