

Amherst Youth Football & Cheerleading Conference Application - Please Print

Cheerleader _____ Football Player _____ Requested Numbers (3) _____ Registration Date _____

Name _____ Age Sept 1st _____ Date of Birth _____

Address _____ Home Phone _____

Father _____ Address _____ Email _____ Cell# _____

Mother _____ Address _____ Email _____ Cell# _____

School _____ Next Grade _____ Prior Participation YES NO # of Years _____

MEDICAL HISTORY/EMERGENCY MEDICAL RELEASE

I/We the parent(s) and/or legal guardian(s) of the above named child ("Child") hereby give my/our approval to said Child's participation in any or all activities incident to Child's participation in the season or program for which this Application is submitted ("Activities"). I/We also consent to Child's use of equipment issued by Amherst Youth Football and Cheerleading, Inc. (AYFC). I/We acknowledge the risks and hazards inherent in Child's participation in Activities. I/We assume all such risks and hazards including the risks and hazards of transporting Child to and from Activities and the use of AYFC-issued equipment. I/We further agree to release, hold harmless, and indemnify Mid-State Youth Football and Cheerleading Conference, Inc., Amherst Youth Football and Cheerleading, Inc., and all of their respective organizers, sponsors, supervisions, volunteers, coaches, administrators, directors, and those individuals who may, on behalf of AYFC, transport Child to and from Activities (except to the extent and in the amount of damage or loss covered by accident or liability insurance) and those individuals issuing equipment to and fitting equipment for Child on behalf of AYFC, from any claim damage, loss, injury, or cause of action which may accrue to the undersigned, the Child, or to any third person or entity by way or any matter or cause connected in any way with Child's participation in Activities, transport to and from Activities, and the issuance and fitting of equipment by AYFC.

Asthma _____ Allergies (specify) _____ Glasses/Contacts _____ Braces or Bridges _____

Head Injury (past year) _____ Fractures (past year) _____ Other Serious illness _____

Health Insurance Carrier _____

Father's Signature _____ Mother's Signature _____

I give Amherst Youth Football permission to use my child's picture YES NO

REGISTRATION CERTIFICATION

Football	Cheerleading	Birth Certificate	Physical Form	Payment Information:
Shoulder Pad:	Skirt:	Birth Date:	Physical Date:	Check #:
Helmet:	Shell:			Amount:
Pants:	Warm-up Pant:	Verified by:	Alternate Year Card Date:	Registration Fee:
Weight:	Warm-up Jacket:			
Height:	Shoe:			Donation:

Do you have a sibling participating? YES NO Name(s) _____

VOLUNTEER OPPORTUNITIES (check any that apply)

Coaching Football: _____ Coaching Cheerleading: _____ Equipment Distribution: _____

Chain Gang: _____ Game Day Field Set up: _____ Snack Coordinator: _____

Team Mom/Dad: _____ Concessions: _____ Other: _____