



Cleveland Muny Football & Cheerleading League Participate Contract and Medical Form

PLACE
PICTURE
HERE

TERMITE MIDGET PEEWEE Jr BANTAM BANTAM

Termite: Ages 6-7 years old, can not turn 8yrs prior to Aug. 1st of current year - **Age (as of 8/1)** _____
Junior: Ages 8-9 years old, can not turn 10yrs prior to Aug. 1st of current year - **Age (as of 8/1)** _____
Pee wee: Ages 10-11 years old, can not turn 12yrs prior to Aug. 1st of current year - **Age (as of 8/1)** _____
Jr. Bantam (12U) - 12 years old, can not turn 13 yrs prior to Aug 1st of current year - **Age (as of 8/1)** _____
Bantam: Ages 12-14 years old, can not turn 15yrs prior to Oct. 17th of current year - **Age (as of 10/17)** _____

Team Name Impact Youth Cleveland Bearcats Year 2022 Football Cheerleader
Child's Name _____ Age _____ Date of Birth _____
Address _____ City/Town _____ State _____ Zip _____ Ward _____
Phone _____ Emergency _____ School Attending this Fall _____
Grade in Fall _____ e-mail address _____ Participated last year Yes No

Medical Service Agreement and Liability Waiver

I hereby agree for my child to play with the team herein mentioned under the rules and regulations of the Cleveland Muny Football & Cheerleading League during the playing season of 20__ unless otherwise assigned by the Cleveland Muny Football League. I certify that my child is not a member of any other team in this or any other league and all information given on this contract is true and any contract falsification shall result in my child's automatic suspension from the Cleveland Muny Football League for one calendar year.

On behalf of my student athlete, cheerleader _____ I hereby release the Cleveland Muny Football League and the City of Cleveland of any and all medical, dental or hospital expenses incurred during all practices, on the field of play or during transporting of players and cheerleaders while participating in any scheduled Cleveland Muny League activities. Participant/parent fully and release, discharges Cleveland Football League, its subsidiaries, director, officers employees, insurers, sponsors, facilities, and vehicles, and all organizations involved in league activities from any and all injuries including (death), losses, damages claims, (negligence claims), lawsuits, and any other activities, including transportation related to the event.

Name of Medical Insurance Carrier _____ Policy # _____ However, the Cleveland Muny Football League carries secondary Health Insurance. Only the organization's staff members i.e. coaches and or parents of said organization shall transport their organization's players and cheerleaders with the proof of a valid driver's licenses and insurance to and from practices, fields of play and events related to Cleveland Muny League scheduled activities.

EMERGENCY MEDICAL RELEASE: I/We the parents of applicant give our permission for Any Emergency Treatment Necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled Cleveland Muny Football League functions.

MEDIA RELEASE: During the course of the season, games and events for The Cleveland Muny Football League will be photographed and videotaped in order that we might retain a living memory of the season as well as publicize the Cleveland Muny Football programs. In consideration of participation in Cleveland Muny Football & Cheerleading League, I agree that my child may be photographed and videotaped during official Cleveland Muny Football events and that the video and pictures may be published to promote or publicize Cleveland Muny Football & Cheerleading.

Parent initial _____

Athlete's History

- Has this athlete ever had hospitalization, surgery, injury or serious medical illness? yes no
 - Is this athlete now under the care of a physician or taking medication? yes no
 - Has any Physician ever recommended or do you feel that there should be limitations placed on participation in competitive sports? yes no
 - Does this athlete have any know allergies to medications? yes no
 - Does this athlete wear glasses or contacts? yes no
 - Has this athlete ever blacked out or lost consciousness during physical activity? yes no
- If yes, please specify...

For office use only:

Birth Date _____
Prof: Birth Certificate School Record
Previously verified contract
State ID Medical Records
Certified By: _____
Date: _____

I understand that Cleveland Muny Football League does not sanction any games or trips other than those scheduled by Cleveland Muny Football during the Municipal season and any non-scheduled activities are not related in any way to the Cleveland Muny Football League

PARENTS ARE NOT ALLOWED TO COME ON THE FIELD UNLESS INVITED BY MUNY PERSONAL. CONDUCT NOT REPRESENTING GOOD SPORTSMANSHIP MAY RESULT IN EXPULSION FROM PRACTICE, GAME AND MUNY ACTIVITIES. By signing I have read and will comply with the parents code of conduct in the rules book.

HELMET WAIVER (for football participants)

We acknowledge and understand the risks involved when playing football, which is a collision sport; the NOCSAE committee has adopted the following warning to be read by, and signed by both the parent/guardian and participant:

"DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT, THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR, NO HELMET CAN PREVENT ALL SUCH INJURIES."

PARENT/GUARDIAN SIGNATURE: _____ PLAYER SIGNATURE: _____

I have read and reviewed the above information and do hereby agree to allow my child to participate in the Cleveland Muny Football Program during the 20__ season.

Parent's Signature _____

Player's Signature _____

Coaches Signature Shawn P. Austin Sr.

Date _____