Dep. Ck#	$
Fee Ck#	$
Board Member Int:	

Chanooka Braves Registration Form 2011

Please circle the activity your child is interested in:

Football **Cheers** **Poms**

Superlights_____ Lightweight_____ Junior Varsity _____ Varsity_____

Family Name:	
Child's First Name:	Child's Last Name:
Parent's Name:	E-Mail Address:
Address:	City:
State:	Zip Code:
Home Phone #:	Cell Phone #:
Emergency Contact #1:	Emergency Phone #:
Emergency Contact #2	Emergency Phone #:
Child's Birth Date:	Age as of Sept. 1, 2011
Grade they will be in this coming fall:	Completed Braves Years:
Weight (Boys Only) **THIS IS MANDATORY**	Grade School District: High School District:
Current Medical Problems, Medications or Allergies:	

I, the parent of the above named candidate, hereby give my approval for his or her participation in any and all football games and activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from the games or activities, and I do hereby waive, release and absolve indemnity and agree to hold harmless the Braves Organization, the league, the sponsors, supervisors, coaches, board members, participants, and persons transporting to and from games or activities my participant, for any claim arising out of any injury to my participant, except to the extent and in the amount covered by accident or liability insurance.

I understand that there may be inter-division scrimmage at all weight levels, controlled by head coaches. I agree to return upon request the equipment issued to my participant in as good of condition as when received except for normal wear and tear.

I AM AWARE OF THE BRAVES YOUTH FOOTBALL ORGANIZATION RULES AND BY-LAWS. I HAVE READ THROUGH THE LITERATURE, AND HEREBY ACCEPT THE RULES, REGULATIONS, AND CONDITIONS SET FORTH.

NO REFUNDS WILL BE GIVEN FOR PARTICIPANTS WHO ELECT TO DROP. (EXCEPT FOR MEDICAL REASONS-DOCTORS NOTE REQUIRED)

PARENT'S SIGNATURE: _____ DATE: _____

CHANOOKA BRAVES YOUTH FOOTBALL
PHOTO CONSENT

_____I consent to having the Chanooka Braves Youth Football Organization record, retain, and publish photographic images of my child(ren) on the Chanooka Braves website and the local newspaper for the purposes of promoting the player, team, or association.

_____I **DO NOT** consent to having the Chanooka Braves Youth Football Organization record, retain, and publish photographic images of my child(ren) on the Chanooka Braves website and the local newspaper for the purposes of promoting the player, team, or association.

PARENT'S SIGNATURE: _____ DATE: _____