

Paid: \$ _____ Check # _____ Cash \$ _____

Recpt # _____ Board Initials: _____

Circle one: Rams Chargers Spartans

2009 LPYF Cheerleading

Registration Form

Cheerleader Name: _____

Age: _____ Grade: (2009-10) _____ School: _____

Parents/ Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone(s): _____

Email (only if checked daily): _____

Have you cheered with LPYF before? YES / NO If yes, what years? _____

Upon any cancellations what is the best way to get in touch with you? _____

*Please sign if you give permission for your name and phone number to be on a phone list for squad use only:

Name: _____ Phone: _____

MEDICAL INSURANCE/RELEASE FORM

EVERY PARTICIPANT MUST BE COVERED BY HIS/HER OWN MEDICAL INSURANCE

My child, _____ is fully covered by medical insurance carried by her parent/guardian and the school will not be liable for any injury that occurs during cheerleading practice, competitions, parades or travel to and from cheerleading activities.

Parent/Guardian Signature: _____ Date: _____

INSURANCE COMPANY: _____

INSURANCE THROUGH EMPLOYER? YES / NO (please circle one)

If yes, Name of Employer: _____

EMERGENCY INFORMATION:

In the event a parent cannot be reached please contact:

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

Does your child have allergies, sensitivities to drugs or special medical conditions that our Coaches and Team Moms should be aware of? YES / NO

If yes please list:

I give permission to Lewiston-Porter Youth Football to treat my child for:

Cuts or Bruises: YES / NO

Bloody Nose: YES / NO

Bee Stings: YES / NO

Parent/Guardian Signature: _____ Date: _____

LPYF MEDICAL CONSENT FORM

The following consent forms are for the protection of your child should he/she become ill or injured as a result of any participation in the Lewiston-Porter Youth Football program. NO treatment, other than first-aid will be administered without attempting to contact a parent or guardian. The forms below will be invoked to authorize treatment only if a parent or guardian is not immediately available.

I give permission to the physicians of any state or provincially approved hospital to give treatment or perform any test they deem necessary on:

Name of child: _____ Date: _____ Relationship: _____

Signature: _____

I authorize any physician licensed by the state or province in which he practices or a member of the hospital staff, to administer any anesthetic or perform any surgical procedure they deem necessary on:

Name of child: _____ Date: _____ Relationship: _____

Signature: _____

LPYF Cheerleading Release Form

Participant Name: _____

The above child has my permission and approval to participate in the Niagara Youth Football League Program during the current season. I do hereby release, absolve, indemnify and agree to hold harmless Lewiston-Porter Youth Football Association, the Niagara Youth Football League, Organizers, Sponsors, Supervisors, Participants and Person(s) transporting my child to or from activities, for any claim arising out of any injury to my child. I agree to return, upon request, the uniform and other equipment issued to my child in as good condition as when received, except for normal wear and tear. I also agree that if any of the equipment issued to my child is lost because of his/her negligence, that we are responsible to the Lewiston-Porter Youth Football Association for monetary remuneration as determined by its Board of Directors.

Parent/Guardian Signature: _____

Print name: _____

Date: _____

2009 LPYF Volunteer & Fundraiser Commitment Form

Due to the fact that LPYF is a volunteer not for profit organization, it is essential to have a commitment from every participants family to a Volunteer Assignment and for participation in LPYF sponsored fundraisers in order to maintain the high quality football and cheerleading program that LPYF has established.

Please read the following guidelines that will begin with the 2009 Season. All participants must have a copy on file signed by a parent prior to the first official practice in order to participate.

1. One parent or guardian for every player or cheerleader will be assigned a two (2) hour Volunteer Assignment (Concession stand or game day operations position) for the 2009 Season by the Team Mom/Manager. If you are unable to fulfill your assignment it is **Your** responsibility to find a replacement. Any change in assignment **Must** be submitted to your Team Mom/Manager prior to the date of the assignment.
- Once you fulfill your assignment/responsibility the \$20 Volunteer Fee paid will be a credit towards your Banquet Tickets. (Fee non-refundable)
2. If your Volunteer Assignment is not covered and no replacement was provided the \$20 Volunteer Fee paid will be forfeited.
3. LPYF is a not for profit organization and in order to raise funds for the operation of LPYF, each participant and participant's family must actively participate in LPYF sponsored fundraisers listed below. **If you are unable to sell the minimum fundraiser items issued, the participant will be responsible for purchasing the remainder of the items and turning in all money to LPYF prior to issuance of the Team Uniform.**

Required 2009 Fundraisers:

-Sale of (5) five books at \$10 each of raffle tickets for a chance to win 2009 Buffalo Bills seasons tickets.

-Sale of (2) two LPYF/CHEER Discount Cards \$10 each.

If you have any questions or concerns on this matter, please feel free to contact the Board at LPYF.com . Thank you

Cheerleader/Player Name _____ Team _____

Parent's Name _____ Telephone _____

Parent Signature

Date