

2013 Leetonia Little Bears Association
Cheerleading Registration & Contract

Participant's Information – Please Print

Participant's Name _____ Date of Birth ___/___/___
Address _____ Age as of August 1
OF THIS YEAR ►
City _____ State _____ Zip _____ Grade THIS FALL _____

Parent Information – Please Print (if you are a legal guardian please specify)

Mother's Information:

Father's Information:

Name _____

Name _____

Address Same as Above

Address Same as Above

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

Terms of Registration

- I certify that the age and grade are correct and that he/she is physically fit.
- I agree to submit a copy of a Birth Certificate and a Current OHSAA physical form, to be filled out in its entirety by a licensed physician. Due no later than equipment issue day or no equipment will be issued and will not be permitted to participate until all terms of registration are complete.
- I have received a copy of the Ohio of Health Department Concussion Information Sheet.
- I have received a copy of the Parent and Participant conduct policy.
- I certify that he/she is able to play under the jurisdiction of the LEETONIA LITTLE BEARS ASSOCIATION.
- I understand that I am responsible for all medical expenses during practices and games.
- The uniforms and equipment are property of the LEETONIA LITTLE BEARS ASSOCIATION and that I am personally responsible for their return or the replacement value at the end of the season or when asked to be returned.
- Sign-Ups are NON-REFUNDABLE after the 2nd week of Practice.
- If a check is returned due to NSF (non-sufficient funds) I will replace the check with cash or money order plus a \$25.00 NSF fee to the LEETONIA LITTLE BEARS ASSOCIATION.
- I agree to be bound by the LEETONIA LITTLE BEARS ASSOCIATION Bylaws and Policies or face suspension/expulsion.
- I must inform the LEETONIA LITTLE BEARS ASSOCIATION of any change of address or phone numbers.

Please Print Parent/Guardian Name: _____

Please Sign Parent/Guardian Name: _____

Board Use Only

DATE REGISTERED ___/___/___

AMOUNT PAID \$ _____ Cash Check# _____ Family Cap RECEIVED BY _____

DEPOSIT \$ _____ Cash Check# _____ RECEIVED BY _____

BEAR DUTIES Game 1 Game 2 Game 3 Game 4 DEPOSIT RETURNED \$ _____

EMERGENCY MEDICAL AUTHORIZATION

LEETONIA LITTLE BEARS CHEER SQUAD

_____ Name

_____ Address

_____ Phone

_____ Phone

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for players and cheerleaders who become ill or injured while under the league authority, when parents or guardians cannot be reached.

PART I OR PART II MUST BE COMPLETED

PART I: GRANT CONSENT

In the event reasonable attempts to contact me/us:

1. Home Phone: _____
2. Mother's Work / Cell Phone: _____
3. Father's Work / Cell Phone: _____
4. Neighbor or Alternate Phone: _____
5. Caregiver or Alternate Phone: _____

If all these attempts have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

In the event the designated preferred practitioner is not available then treatment by another licensed physician or dentist is granted. In the event that the preferred hospital is not accessible then the nearest accessible hospital is preferred. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted to:

_____ Date _____ Signature of Parent or Guardian

DO NOT COMPLETE PART I IF YOU COMPLETE PART II

PART II: REFUSAL TO CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the league authorities to take no action or to:

_____ Date _____ Signature of Parent or Guardian

QUAD COUNTY JUNIOR FOOTBALL LEAGUE REGISTRATION FORM

(must be filled out completely for LEAGUE registration)

Team: B / JV / V
YEAR 2013

This form is to register my child to participate with the LEETONIA LITTLE BEARS football team

BIRTH DATE: _____

AGE: _____

PARTICIPANT'S NAME: _____

SCHOOL SYSTEM CHILD ATTENDS: _____

SCHOOL SYSTEM CHILD RESIDES IN: _____

Does your child attend another school district through open enrollment? YES or NO

PARTICIPANT'S COMPLETE ADDRESS: (No P.O. Box)

house #	street	town	zip	PHONE #
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Is address same as parent or guardian? YES or NO

IF NOT _____

house #	street	town	zip	PHONE #
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E-MAIL ADDRESS: _____
(Address will not be given out; it is used for Team / League use only; for notification purposes ONLY)

By signing this form I state all information is correct and understand by giving false information will result in the above names child being dismissed from the team and could result in LEAGUE suspension.

PARENT or GURADIAN SIGNATURE: _____

ACCEPTING ATHLETIC DIRECTOR: _____

ACCEPTING HEAD COACH SIGNATURE: _____

*****To Be Completed by League Officials Only*****

"OFFICIAL Q.C.J.F.L. RELEASE FORM"

The undersigned Team Representative / Athletic Director from _____ will release the above named participant to play for LEETONIA LITTLE BEARS and understand by giving false information could result in disciplinary action from the League or possible suspension.

OFFICIAL LEAGHE WEIGH-IN WEIGHT _____ PLAYER REQUIRED TO DISPLAY AN **X** YES or NO

RELEASING TEAM REP / ATHLETIC DIRECTOR SIGNATURE: _____

ACCEPTING ATHLETIC DIRECTOR SIGNATURE: _____

ACCEPTING HEAD COACH SIGNATURE: _____

LEAGUE CHAIRMAN SIGNATURE: _____

LEAGUE SECRETARY SIGNATURE: _____

Quad County Junior Football League

PHOTO, PRESS, AUDIO AND ELECTRONIC MEDIA RELEASE

Name of Participant _____
(Last) (First) (MI)

Parent or Legal Guardian _____
(Last) (First) (MI)

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Email _____

I, Parent / Legal Guardian of _____ hereby consent that photographs and/or motion picture of video tape taken and/or audio recordings made of his/her voice may be used by Leetonia Little Bears Association, it's assignees, successors, coaches and volunteers in whatever way they desire; including television, electronic media, and positing on the team website. Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of the organization and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part. My signature on this form shall indicate my willingness to consent to the above for the 2013 season for any and all events, meetings, games, tournaments and activities that the above listed participant shall participate.

IN WITNESS WHERE OF I have hereunto set my hand, in the state of Ohio

This _____ day of _____, 2013

Signature _____

Parent or Legal Guardian named above

