

Board Use
 Initials: _____
 Receipt #: _____
 Assist

2023 RAPIDS RAPTORS
YOUTH TACKLE FOOTBALL/CHEER
 OFFICIAL APPLICATION TO PARTICIPATE

Fund Raiser
 Buy Out
 T-Shirt Size: Youth: _____
 Adult: _____

<input type="checkbox"/> Football Sign Up Weight _____ lbs. <input type="checkbox"/> Cheer	Prior Raptors Participant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of years: _____	Registration Date: ____ / ____ / ____
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Name (L ,F, MI): _____ Birthdate: ____ / ____ / ____
 Address: _____ City: _____ State: _____ Zip: _____
 School Name: _____ City: _____ **Grade in Fall of 2023:** _____
 Father's Name: _____ Phone #: _____ E-Mail: _____
 Mother's Name: _____ Phone #: _____ E-Mail: _____
 Legal Guardian's Name: _____ Phone #: _____ E-Mail: _____

MEDICAL INFORMATION AND HISTORY

Health Insurance Carrier: _____ Group #: _____ Policy #: _____

Please check any that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Dental Braces or Bridges |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Fractures in the last year | <input type="checkbox"/> Glasses or Contacts |
| <input type="checkbox"/> Head Injuries in the last year | <input type="checkbox"/> Other Serious Injuries or Illnesses | <input type="checkbox"/> Medications |

Please provide additional information for all areas checked

EMERGENCY MEDICAL RELEASE

I/We the parents/guardian, give our permission for any emergency medical treatment necessary either on the practice field or on the game field for our child. I/We authorize any hospital and or physician to perform emergency medical treatment to any injuries resulting from any scheduled function including the supervised travel to and from said functions.

IF I/WE NEED TO BE REACHED EITHER DURING PRACTICE OR A GAME YOU MAY REACH ME OR THE FOLLOWING PERSONS AT: LIST 4 INCLUDING YOURSELF.

NAME OF EMERGENCY CONTACT AND RELATIONSHIP	EMERGENCY PHONE NUMBER

I/We, the parent or guardian of the above-named candidate, for participation in Rapids Raptor Football, hereby give my/our approval for our child to participate in all activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Rapids Raptors Youth Tackle Football, the board members, organizers, sponsors, supervisors, participants, and any person transporting my/our child, except to the extent and in the amount covered by accident or liability insurance. I/We agree to be financially responsible for Rapids Raptors Youth Tackle Football for any football and/or cheerleading equipment my/our child will receive, other than the normal wear and breakage during games and practice and I/We will reimburse Rapids Raptors Youth Tackle Football for the replacement value if lost or damage occurs to said equipment. I we give permission to Rapids Raptors Youth Tackle Football to validate participants school grades. Rapids Raptors Youth Tackle Football reserves the right to discipline any of its participants for conduct that is considered inappropriate or detrimental to the program. If such an instance should occur, a conference shall be held with the parent/guardian and all other parties involved to determine what measures shall be taken including suspension from any/or all further activities. The throwing of equipment or helmets shall not be tolerated.

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____ / ____ / ____