

SUNCOAST YOUTH FOOTBALL CONFERENCE  
FOOTBALL/CHEERLEADING APPLICATION

FB \_\_\_\_ CL \_\_\_\_

ORGANIZATION NAME \_\_\_\_\_

bk page # \_\_\_\_\_

NEW \_\_\_\_ RETURN \_\_\_\_

ORG ID # \_\_\_\_\_

**PLEASE PRINT CLEARLY:**

LEAGUE AGE: \_\_\_\_\_

Child's FULL name INCLUDING FULL MIDDLE NAMES

First Middle Last  
Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight/FB only \_\_\_\_\_

Did child participate in football/cheerleading previously? Yes \_\_\_\_ No \_\_\_\_ Where? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: (Day): \_\_\_\_\_ (Evening) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: (Day): \_\_\_\_\_ (Evening) \_\_\_\_\_

Guardian's Name (if applicable) \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: (Day): \_\_\_\_\_ (Evening) \_\_\_\_\_

Email contact: **Print clearly** :(Dad/Mom) \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any known allergies? Yes \_\_\_\_ No \_\_\_\_ If yes, what? \_\_\_\_\_

Medical Insurance: Name of company \_\_\_\_\_ Policy # \_\_\_\_\_

I/we the parent(s) or legal guardian(s) of the above named child do hereby grant and consent to full authority for the rendering of assistance, care and treatment of the above named child under circumstances which shall reasonable be deemed an emergency, including without limitation: 1) I/We herby give permission to the coaches and other persons of authority to administer first aid to the above named child; and 2) I/We give permission to have the above named child transported by ambulance, police or private vehicle to a hospital or doctor's office if deemed necessary by the coaches and other person of authority ; and 3) I/We do hereby authorize the immediate treatment of the above named child by a licensed doctor and/or hospital personnel to the extent deemed necessary by such doctor and/or hospital personnel, including without limitation any diagnostic procedures, care and treatment as may be deemed necessary.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ **MOM - DAD-GUARDIAN?** ID #: \_\_\_\_\_  
Circle who **YOU ARE**

**CLEARLY** Print name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ **MOM - DAD - GUARDIAN** ID #: \_\_\_\_\_  
Circle who **YOU ARE**

**CLEARLY** Print name: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_