



CALUMET CITY



## Calumet City Chargers Cheerleading Application Form

### Participant's Information:

PLAYER'S NAME: \_\_\_\_\_

DATE of BIRTH: \_\_\_\_\_ CURRENT WEIGHT: \_\_\_\_\_

NAME OF SCHOOL (in Fall): \_\_\_\_\_

GRADE (upcoming Fall): \_\_\_\_\_

AGE (upcoming Fall as of 8/1): \_\_\_\_\_

### Parent/Guardian Contact Information:

FIRST NAME(s): \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

OFFICE PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

### Emergency Information:

NAME: \_\_\_\_\_ ADDRESS:- \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Medical Information: Allergies/Conditions: \_\_\_\_\_ ASTHMATIC?

(yes/no): \_\_\_\_\_

### Permission and Emergency Medical Release:

I realize the inherent dangers in participating in a tackle football program and grant my child (player named above) permission to participate in this program. In the event of accident or injury, I will not hold a coach, team, sponsor or the league (and its representatives) liable or responsible. I also hereby give my permanent consent to local emergency room staff to treat my child in an emergency situation in the event that I cannot be reached personally.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release:

I hereby grant the Tomorrows Youth Foundation ("the foundation") and the Calumet City Chargers permission to use my likeness, or my child's likeness, in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CCCYFCP USE ONLY:

Drivers License/State I.D #: \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Birth Certificate

[www.calumetcitychargers.com](http://www.calumetcitychargers.com)