**KAT Raiders youth Football and Cheerleading Registration Form**

\*\*\* Birth Certificate (Copy) is required to register for ALL players\*\*\*

Please check Box with appropriate age as of **June 30** (Varsity **March 30**), **of this year**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Division** | **Age** | **Weight** | **Striper Weight** | **Football** | **Cheerleading** | **Pick one** |
| Mini | 6-7 | 90 lbs | Unlimited |  |  |  |
| Freshman | 8-9 | 110 lbs | Unlimited |  |  | Returning |
| Junior Varsity | 10-11 | 135 lbs | Unlimited |  |  |  |
| Varsity | 12-13 | 160 lbs | Unlimited |  |  | NEW |

Please print clearly this will be used for league, jerseys, yearbook etc.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | | First Name | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | | M/I | | | |
|  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  |  |  |  |  | |  | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | |
| Street Address | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | | Apt | | | | | |  | | City | | | | | |  | |  | |  | | |  | | |  | | | State | | | | | | | | | | | | | Zip Code | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  |  |  |  |  | |  | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | |
| Date of Birth | | | | | | | | |  | | Age{as of June 30} | | | | | | | | | | | | | | |  | | | School / Grade | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | |  |
|  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  |  |  |  |  | |  | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | |
| Phone Number | | | | | | | | | | | | | | |  | | Parent/ Guardian Name {first and last} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  |  |  | - |  |  |  | - |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  |  |  |  |  | |  | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | |
| 2nd Phone Number | | | | | | | | | | | | | | |  | | Email address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  |
|  |  |  | - |  |  |  | - |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  |  |  |  |  | |  | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | |

**Medical Release for Treatment in Case of Emergency**

Consent: In the event of an emergency requiring medical attention, every effort will be made to contact the parent/guardian in order to receive treatment. I hereby grant permission for a physician or hospital personnel designated by KAT to attend my son/daughter.

**Emergency Contact**:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone/Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian’s Release**

I, the undersigned, hereby certify that I am the (circle one) Parent/Legal Guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, that the date of birth and place of residence of said minor indicated thereof are correct. In considerations of my minor son/daughter or ward being permitted to participate as a contestant in any or all activities sponsored by KAT, I, individually and as the parent or guardian of said minor do hereby consent to such participation and do assume all risks in connection herewith and thereby release and discharge the aforementioned sponsors, together with their agents, servants, and employees, their heirs, executors and administrators, jointly and severally, from any and all liability, claims, actions, and demands whatsoever (including those resulting from fatality of said participant) which may result from such participation or otherwise, the aforementioned sponsors, their agents, servants or employees and further, that so agreement, either verbal or written, shall in any manner affect this release. This release shall be binding upon the heirs, executors, and administrators of the said minor and myself.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**ALL FEES/REGISTRATION ARE NON-REFUNDABLE.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Office use only |  |  |  |  |  |
| Paid | Tickets | BC | Physical | Waiver | NEYSA # |
|  |  |  |  |  |  |