

**FALL SPORTS REGISTRATION**

**NAME:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **AGE** \_\_\_\_\_

**PARENTS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PREFERRED CONTACT PHONE NUMBER (S):** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_

**POLICY HOLDER:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_ **GROUP NUMBER** \_\_\_\_\_

**PHYSICIAN:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**KNOWN MEDICAL CONDITIONS:** \_\_\_\_\_

**DRUG ALLERGIES:** \_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_

**ANY INFORMATION YOU FEEL WOULD HELP US BEST TREAT PLAYER IN THE EVENT OF AN INJURY OR ILLNESS IN YOUR ABSENCE:** \_\_\_\_\_

**EMERGENCY CONTACT (other than parents):** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **RELATION TO PLAYER:** \_\_\_\_\_

**DO WE HAVE YOUR PERMISSION TO PHOTOGRAPH YOUR PLAYER AND PUBLISH ATHLETICS-RELATED PHOTOS TO LOCAL MEDIA AND THE CHE WEBSITE? YES OR NO (circle one) \*\***

**PARENTAL WAIVER AND PERMISSION STATEMENT**

We, \_\_\_\_\_, as parent(s)/guardian(s) of \_\_\_\_\_ give our permission for \_\_\_\_\_ to participate in practices, games, and other related activities sponsored by NEACHE cheerleading. This includes travel to and from such activities. We know of no reason, medical or otherwise, that could or should prevent our student from participating. Although not required, we understand that NEACHE strongly recommends consulting a physician prior to participation in competitive sports. We further give our consent for a selected NEACHE representative to obtain any medical care deemed necessary for \_\_\_\_\_ in the event of our absence. This includes, but is not limited to, consulting a physician, calling for emergency care, administering first aid, and transporting to a medical facility. We acknowledge that NEACHE athletics does not carry team or individual insurance and we agree to be financially responsible for all costs associated with medical assistance or treatment deemed necessary. We hereby waive any legal claim against NEACHE and NEACHE Athletics, it's staff and volunteers, and any secured facility from any accident, injury, or illness to the player listed above while participating in any related activity, including travel. By our signatures below, we confirm that we have read, understand, and agree to this permission/waiver statement.

**PARENT(S)/GUARDIAN(S) PRINTED NAME(S):**

\_\_\_\_\_

**PARENT(S)/GUARDIAN(S) SIGNATURE:**

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