Elmira Small Fry

Football, Cheerleading & Basketball for Boys & Girls

Today's Date: _____/_____/_____

Participant Name: _____ Male/Female Age: _____ Birth date: ___/___/___
Street Address: _____ E-mail: _____
City: _____ State: _____ Zip: _____ Phone: _____
Sport: _____ Division: _____
School: _____ Grade: _____ Height: _____ Weight: _____
Parent/Guardian Name (Primary): _____ Phone: _____
Street Address: _____ City: _____ State: _____
Parent/Guardian Name (Secondary): _____ Phone: _____
Street Address: _____ City: _____ State: _____
Team played for prior season (if applicable): _____
Size (circle one): Yth Sm Yth Med Yth Lg Adult Sm Adult Med Adult Lg Adult XL
Please indicate any physical limitations or concerns (allergies, hearing, sight, etc.): _____

Name of family hospitalization plan and/or insurance (if any):

VOLUNTEER AREAS OF INTEREST (please check):

_____ Coaching	_____ Scorekeeping	_____ Fundraising
_____ Assistant Coaching	_____ Refereeing/Officiating	_____ Sponsor Committee
	Facilities prep and/or clean up	Concession Help

Hold Harmless: PLEASE READ & SIGN

- I/We, the parents/guardians of the above named candidate for a position on an Elmira Small Fry team, hereby give my/our approval to participate in any and all Elmira Small Fry activities.
- If parent is ejected for unsportsmanlike conduct, then child must also go.
- I/We know that participation in sports may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, and indemnify and agree to hold harmless Elmira Small Fry, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.
- I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when I received it, except for normal wear and tear.
- I/We will furnish a certified birth certificate of the above named candidate to League Officials.
- I/we have read the above statement and agree to the conditions of this release and waiver as outlined above. I/we consent to allow our son/daughter to participate in Elmira Small Fry. Further I/we authorize emergency medical treatment for any injury or illness to my child if qualified medical personnel find treatment to be medically necessary. Such treatment would be administered by qualified medical professionals. This Authorization is granted only if I/we cannot be reached and reasonable efforts have been made to do so.

Parent/Guardian Signature: _____ Date: ___/___/___

Web Photo and Media Release: PLEASE READ & SIGN

I/We, hereby authorize and give my full consent to Elmira Small Fry to copyright and/or publish any and all photographs, videotapes and/or film in which my child appears while attending Elmira Small Fry events. I further agree that Elmira Small Fry may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

YES. Permission granted. NO. Permission denied.

Parent/Guardian Signature: Date: / /

ADMINISTRATIVE USE ONLY:

Participant: _____ DOB verified: YES/NO (If yes, type of verification: ____)
Registration fee: _____ Amount paid by _____ check _____ cash _____ other _____P/P
Special circumstances: _____
Form processed by: _____ Approved by: _____

Submit via Email