



# Challenger Football and Cheerleading

## 2019 Participant Registration Form

### PARTICIPANT INFORMATION

Check one:  Player  Cheerleader

Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### CONTACT INFORMATION

Primary Phone: \_\_\_\_\_  Home  Cell  Other \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Home  Cell  Other \_\_\_\_\_  
Email: \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION

Name: \_\_\_\_\_ Relationship To Participant:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (Other than parent/guardian)

Name: \_\_\_\_\_ Relationship To Participant:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Home  Cell  Other \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  Home  Cell  Other \_\_\_\_\_

### PARTICIPANT MEDICAL INFORMATION:

Primary Disability: \_\_\_\_\_ Secondary Disability: \_\_\_\_\_

Does Participant have Down Syndrome?  No  Yes **If yes...**  
- Have x-rays of the vertebrae been taken?  No  Yes  
- Is participant clear of Atlantoaxial Dislocation Condition?  No  Yes - If YES please attach copy of medical exam

Allergies (include food/medication): \_\_\_\_\_ Medications (include times, frequency, dosages): \_\_\_\_\_

Major accidents or injuries that could affect participation: \_\_\_\_\_ Does participant have problems communicating, behavior management, etc.? Attach any current behavior management plans for participant: \_\_\_\_\_

Is participant subject to seizures?  No  Yes – List type, frequency, duration, after care/rest needed, medications: \_\_\_\_\_

Does participant use a wheelchair?  No  Manual Wheelchair  Power Wheelchair

United Disabilities Services (UDS) is strongly committed to conducting its sports and recreation programs and activities in a safe manner and regards the safety of participants as its highest priority. UDS continually strives to reduce any potential risks and insists that all participants follow all safety rules and instructions that are designed to protect participants' safety. However, participants and parents/guardians of participants registering for programs must recognize that there is inherent risk of injury when participating in any sports and recreation programs.

You are solely responsible for determining if the participant is physically fit and/or skilled for the program or activity covered under this agreement. It is advisable, especially if the participant is disabled in any way or has recently suffered any illness, injury, or impairment to consult a physician before undertaking any physical program or activity.

**Warning of Risk**

Despite careful and proper preparation, instruction, conditioning, and equipment, there is still a risk of serious injury when participating in any sports or recreation program or activity. Participants and parents/guardians must understand that certain risks, dangers, and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects, and any other circumstances inherent with sports and recreation programs and activities continue to exist. As a result, therefore, parents/guardians must recognize that it is impossible for UDS to guarantee the absolute and unconditional safety of participants.

**Waiver and Release of UDS from All Claims and Full Assumption of Risk**

Please read this form carefully and recognize that in registering for and participating in this program, you will be expressly assuming all risk and legal liability and waiving and releasing UDS from all claims for injuries, damages, or losses which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this sports or recreation program (including transportation services, when and if provided).

I recognize and acknowledge that there are inherent risks of physical injury to participants in this program, and I voluntarily agree to assume full risk for any and all injuries, damages, or losses, regardless of severity, that I or my minor child/ward may sustain as a result of participation.

I further agree to waive and relinquish all claims that I or my minor child/ward may have (or accrue to me or my minor child/ward) as a result of participating in this program against United Disabilities Services, including its officials, agents, volunteers, and employees (hereinafter collectively referred to as "UDS").

**I do hereby fully release and forever discharge UDS from any and all claims for injuries, damages, or losses that I or my minor child/ward may have or which may occur to the participant and arising out of, connected with, or in any way associated with or resulting from participation in the program.**

**Photo/Video Authorization and Consent**

I hereby authorize and give my consent to UDS to photograph/videotape me or my minor child/ward, and without limitation, to use these photographs/videos in connection with promoting/advertising the programs, activities, services, and facilities of UDS without consideration of any kind.

**Personal Information Authorization and Consent**

I further authorize UDS to release personal contact information to other parents/guardians when deemed appropriate and necessary for program operations and/or participant safety, including names, addresses, and phone numbers.

**I AGREE TO REMAIN AT THE GYM OR FIELD FOR THE DURATION OF THE FOOTBALL PROGRAM, IN THE EVENT OF AN EMERGENCY WITH MY CHILD.**

**I have read and fully understand all of the above information, including full assumption of risk and waiver and release of UDS from any and all claims and the photo/video and personal information authorizations and consents, and the requirement to remain at the gym or field for the duration of the football program. I agree to all terms and conditions as set forth above.**

**Participant Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Please Print Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**T-SHIRT (please check shirt size for participant)**

YOUTH SIZE				ADULT SIZE		
<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	-or-	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large
				<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL



## PARENT / GUARDIAN CODE OF CONDUCT

**UDS Challenger Football League (CFL) is committed to the highest ideals of sportsmanship and conduct and expects all parents, guardians and spectators to observe the following code:**

- Remember athletes are participating for their enjoyment. Encourage participation, but do not force it.
- Applaud good performances and efforts from all individuals and teams. Congratulate all participants on their performance, regardless of the game's outcome.
- Focus on the athletes' effort and performance, rather than whether they win or lose.
- Encourage athletes to play according to the rules and to settle disagreements without resorting to hostility or violence.
- Never ridicule or yell at people for making a mistake or losing the game.
- Remember that athletes learn best by example. Appreciate good performance and skillful plays by all participants.
- Respect the decision of officials and teach athletes to do the same.
- Show appreciation for volunteer coaches, officials, buddies and staff. Remember, without them there would be no participation.
- Condemn the use of violence in any form, whether it is by spectators, coaches, officials or players.
- Show respect for your team's opponents. Without them, there would be no game.
- Encourage athletes and coaches to follow the rules and the officials' decisions.
- Swearing and/or inappropriate language will not be tolerated at CFL events. Respect the rights, dignity and worth of every person regardless of their gender, ability, cultural background or religion.
- CFL reserves the right to dismiss parents and/or spectators from any CFL events if the above code is violated. Please report code of conduct violations to your Head Coach and/or the Program Coordinator who will determine appropriate action to be taken.

1 <sup>st</sup> Violation:	Reminder of Code of Conduct rules
2 <sup>nd</sup> Violation:	Removal from CFL event for the remainder of the game
3 <sup>rd</sup> Violation:	Removal for remainder of the game and attend a meeting with the CFL staff to determine further action

**Print Participant Name:** \_\_\_\_\_

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

**Print Parent/Guardian Name:** \_\_\_\_\_



## **PARTICIPANT CODE OF CONDUCT**

**UDS Challenger Football League (CFL) is committed to the highest ideals of sportsmanship and conduct and expects all CFL athletes to abide by the following Code of Conduct:**

### **RESPECT FOR OTHERS**

- I will practice good sportsmanship.
- I will act in ways that bring respect to me, my coaches, my team and CFL.
- I will be safe and courteous to others.

### **POSITIVE TRAINING AND COMPETITIVE BEHAVIORS**

- I will regularly attend games.
- I will be on time for games.
- I will learn and follow the rules of my sport and play to the best of my ability.
- I will listen and follow the instructions of my coaches and the officials and ask questions when I do not understand.
- I will always try my best during the games.
- I will have FUN.

### **TAKING RESPONSIBILITY FOR MY ACTIONS**

- I will obey all CFL rules.
- I will not use bad language or insult other athletes, coaches, volunteers or staff.
- I will not fight with other athletes, coaches, volunteers or staff.
- I will not hit, smack, bite or do harm to other athletes, coaches, volunteers or staff.
- I will project a positive team attitude.

**I understand that if I do not obey this Code of Conduct, I will be subject to a range of consequences by CFL up to and including not being allowed to participate.**

1 <sup>st</sup> Violation:	Reminder of Code of Conduct rules
2 <sup>nd</sup> Violation:	Asked to sit out for 15-minutes
3 <sup>rd</sup> Violation:	Removal for remainder of the game and attend a meeting with the CFL staff and parent/guardian to determine further action

**Print Athlete Name:** \_\_\_\_\_

**Athlete or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If Guardian, Print Name:** \_\_\_\_\_

If you have any additional information that we should know regarding the participant, please list it here:

**By clicking on the "Submit" button below, you agree that:**

- 1. All information contained herein is true and accurate**
- 2. Parent/Guardian has read and agrees to the Parent/Guardian Code of Conduct**
- 3. Participant has read and agrees to the Participant Code of Conduct**

Application Was Submitted Electronically On: