

CK # \_\_\_\_\_

CASH \_\_\_\_\_

# SUWANNEE VALLEY LEAGUES INC. YOUTH REGISTRATION FORM

( FORM MUST BE *COMPLETELY* FILLED IN )  
**Cheerleading 2010**

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

PHYSICAL ADDRESS: \_\_\_\_\_

NAME OF PARENT(S): \_\_\_\_\_

MOTHER'S HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

FATHER'S HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

MOTHER'S E-MAIL ADDRESS : \_\_\_\_\_

FATHER'S E-MAIL ADDRESS : \_\_\_\_\_

PLAYER'S D.O.B. : \_\_\_\_\_ RECEIPT OF COPY OF BIRTH CERTIFICATE : YES \_\_\_ NO \_\_\_

**UNIFORMS WILL NOT BE ORDERED UNTIL SIGN-UP FEE HAS BEEN PAID & BIRTH CERT. RECEIVED .**

### **PRESS RELEASE AUTHORIZATION:**

I HEREBY AUTHORIZE SVL INC. TO DEPICT IN PERPETUITY THE ABOVE NAMED PLAYER'S LIKENESS, IMAGE, NAME, SIGNATURE, AND OTHER INDICIA OF MY RIGHTS OF PUBLICITY IN PHOTOGRAPHIC OR OTHER WORKS APPEARING IN ANY AND ALL MEDIA FOR PURPOSES OF PROMOTING, ADVERTISING, OR MARKETING CURRENT OR FUTURE EVENTS RELATED TO SVL INC. AND I AGREE THAT SUCH IMAGES MAY BE USED FOR THAT PURPOSE WITHOUT COMPENSATION.

### **MEDICAL TREATMENT INFORMATION:**

BY MY SIGNATURE BELOW, I AM THE LEGAL PARENT / GUARDIAN OF THE PLAYER NAMED AT THE TOP OF THIS FORM. I TAKE RESPONSIBILITY FOR THE CLAIMS HERETOFORE OR HEREAFTER ARISING KNOWN OR UNKNOWN, FROM THE PLAYER'S PARTICIPATION IN THE PROGRAMS OF S.V.L. INC. / G.C.R.A. INC. I KNOWINGLY, VOLUNTARILY AND EXPRESSLY RELEASE THE VOLUNTEERS CONDUCTING THE PROGRAMS AND S.V.L. INC. / G.C.R.A. INC. FROM ALL LIABILITY ON CLAIMS ARISING ON SUCH MATTERS. I FURTHER AUTHORIZE ANY PHYSICIAN, HOSPITAL, OR DENTIST TO PROVIDE ANY EXAMINATION AND / OR TREATMENT FOR THE ABOVE NAMED PLAYER. I WILL BE RESPONSIBLE FOR ALL THE REASONABLE EXPENSES INCURRED FOR SUCH TREATMENT OR MEDICAL CARE BEYOND THE SECONDARY INSURANCE PROVIDED BY S.V.L. INC. / G.C.R.A. INC.

MEDICAL CONDITIONS OR ALLERGIES: \_\_\_\_\_

PHYSICIAN : \_\_\_\_\_ PHONE # \_\_\_\_\_

MEDICAL INSURANCE COMPANY'S NAME : \_\_\_\_\_

PROVIDER'S ADDRESS : \_\_\_\_\_

POLICY # : \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

PARENT / GUARDIAN NAME PRINTED : \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

**NOTE: PLEASE LIST NAMES/AGE OF ALL SIBLINGS PARTICIPATING IN FOOTBALL OR CHEERLEADING!**

NAME(s): \_\_\_\_\_ AGE: \_\_\_\_\_

(CODE OF ETHICS ON BACK)