

**Union County Youth Football And Cheer**

**Child's name:** \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone #  
(\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

School Enrolled In: \_\_\_\_\_ Team played for prior:  
\_\_\_\_\_

Whom does the child live with: \*Mother \_\_\_\_\_ \*Father \_\_\_\_\_ \*Both \_\_\_\_\_ \*Other/Foster \_\_\_\_\_

Who has legal custody and is authorized to act on behalf of the child: \*Mother \_\_\_\_\_

\*Father \_\_\_\_\_ \*Both \_\_\_\_\_ \*Other/Foster (specify name) \_\_\_\_\_

**Emergency Contact Information:**

Father's Name: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone

(\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone

(\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone

(\_\_\_\_) \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Cell Phone

(\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone

(\_\_\_\_) \_\_\_\_\_

**Person authorized to act for parent in the event of an emergency (Not in the same household)**

Name: \_\_\_\_\_ Phone 1 (\_\_\_\_) \_\_\_\_\_ Phone 2

(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

Child may be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

*List ALL illnesses, allergies, medical conditions, medications, or special needs your child has that UCYFAC should be aware of for the safety and well-being of your child while engaging in*

these activities: Attach separate sheet needed) \_\_\_\_\_

Please check:

\_\_\_ My child may only be released to me unless prior arrangements have been made with the director.

\_\_\_ My child may be released to the following people:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

*I have been given a UCYFAC handbook, including concussion information. I further understand that other types of injuries may occur, ranging from simple to extreme, and regardless of probability, even death. I am agreeing, as the legal guardian of the above mentioned child to the following:*

- 1) to hold BLAMELESS any and all UCYFAC coaches, board members, directors, volunteers, as well as Union County Schools, Horace Maynard Middle School, Union County High School, and Union County government for any injuries or accidents regardless of severity and will in no way seek financial compensation from any of the aforementioned parties. I am enrolling my child with the full understanding of the risks involved and assume all responsibility. I further understand that my personal insurance is the primary coverage for my child while participating in these activities.**
- 2) to abide by the UCYFAC code of conduct included with this application and respect any actions deemed necessary by the UCYFAC should I fail to adhere to that policy.**
- 3) to return ALL equipment issued to my child for use by UYFAC at the designated time or to pay for replacement of equipment, along with all legal fees incurred by UCYFAC for equipment compensation.**
- 4) to allow UCYFAC league photographer to take photographs of my child for media purposes, including but not limited to our website <https://facebook.com/ucyfac>, as well as promotions within local newspapers.**

**5) to be responsible for any damages or destruction of property for which my child is a party of.**

**I have carefully read and fully understand the information provided to me within the UCYFAC handbook and this application. I attest that all information provided by me is accurate to the best of my knowledge. I understand all risks involved and I am enrolling my child, with this knowledge, of my own free will, and as the legal guardian of this child. I agree to all terms outlined in this application, as well as the code of conduct.**

---

---

**Parent/Guardian Signature**

**Date**

---

---

**UCYFAC Board Member**

**Date**