



**NORTH GLADE CARDINALS YOUTH FOUNDATION, INC.**  
**Participant Contract and Parental Consent Form**

Select Participant's Sport:  Football  Basketball  Baseball  Cheer & Dance  Other: \_\_\_\_\_

**PARTICIPANT INFORMATION**

Gender:  Male  Female

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Current G.P.A.: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name of Parent/Guardian: Last: \_\_\_\_\_ First: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (If the Parent/Guardian can not be reached):**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**North Glade Cardinals Youth Foundation - Official Use Only**

Registration Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant Fees:**

Amount Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_  Cash  Check  M/O

Amount Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_  Cash  Check  M/O

Amount Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_  Cash  Check  M/O

Amount Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_  Cash  Check  M/O

Age verified?  Yes  No

Registration Weight: \_\_\_\_\_ Division of Play: \_\_\_\_\_

**REGISTRATION REQUIREMENTS**

- Birth Certificate Date: \_\_\_\_\_
- Physical Exam Date: \_\_\_\_\_
- Waiver Form Date: \_\_\_\_\_
- Photo Date: \_\_\_\_\_
- Reg. Paid in Full Date: \_\_\_\_\_

## North Glade Cardinals Youth Foundation, Inc. Parental/Guardian Permission and Waiver

### PERMISSION TO PARTICIPATE

I, the parent/guardian of \_\_\_\_\_ (“Participant”) hereby acknowledge that my child is in good general health and I give my approval for my child to participate in any and all local, national, regional, league/conference, association and team/squad activities as sanctioned by the North Glade Cardinals Youth Foundation, Inc., including transportation to and from the activities by a licensed driver with proof of insurance.

### INTENT TO INFORM

I also acknowledge that I am fully aware of the potential dangers of my child’s participation in any sport and I fully understand that my child’s participation in contact or non-contact sports may result in **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR EVEN DEATH**. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the North Glade Cardinals Youth Foundations, Optimist International, and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

### EMERGENCY MEDICAL AUTHORIZATION

I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all North Glade Cardinals Youth Foundation, Inc. sanctioned activities.

### EQUIPMENT RESPONSIBILITY

I agree to assume full responsibility for any and all equipment/uniforms loaned to the above named participant and I agree to promptly return, upon request, the uniform and other equipment issued to the above named participant in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I understand that I am fully responsible for the replacement cost of such equipment.

### INSURANCE DISCLOSURE

I am aware that the North Glade Cardinals Youth Foundation, Inc. does carry accident insurance which is considered secondary or excess for medical purposes to any and all valid insurance I possess, which is considered primary insurance. Furthermore, I agree to notify in writing my child’s head coach and the North Glade Cardinals Youth Foundation, Inc. of any medical claim as a result of my child’s participation as soon as reasonably possible. I understand that any registration fee(s) paid does not constitute a direct premium for insurance and that a deductible(s) may apply.

### AGE & SCHOLASTIC VERIFICATION

I hereby authorize my child’s school to release school grades, report card results, and any and all other pertinent scholastic information to, or on behalf of, the North Glade Cardinals Youth Foundation, Inc. in order to comply with the organization’s participant scholastic requirements. I agree to furnish an authentic certified copy of a birth certificate of the above-named participant so that North Glade Cardinals Youth Foundation, Inc. may verify my child’s age.

### FINANCIAL RESPONSIBILITY

I hereby stipulate that I have been advised by the North Glade Cardinals Youth Foundation, Inc. of my rights, if any, to a refund in accordance with the organization refund policies, and I have also been advised of financial obligations for the entire season and agree to fully comply with those obligations.

### ADULT CODE OF CONDUCT

In order to uphold the goals of the North Glade Cardinals Youth Foundation, Inc. and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of the North Glade Cardinals Youth Foundation, Inc. events, including but not limited to practices, games, meetings and banquets, must behave accordingly in a respectful and courteous manner at all times.

Any adult who is using alcohol, drugs, or non-prescription drugs and/or appears intoxicated at a North Glade Cardinals Youth Foundation, Inc. event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with any official, coach, volunteer, staff member, participant or other event attendee, will receive a verbal warning and/or be asked to leave the event. North Glade Cardinals Youth Foundation, Inc. may also provide a written warning to the individual regarding his/her misbehavior. The adult’s children may also be removed from the event. Any adult who commits one of the above stated offenses a second time will be banned from any and all North Glade Cardinals Youth Foundation, Inc. events for a period of one year from the date of the second offense, and their children may also be removed from the program(s) for that time period.

Any adult who physically assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all North Glade Cardinals Youth Foundation, Inc. events for one year from the date of the offense, and their children may also be removed from any and all North Glade Cardinals Youth Foundation, Inc. programs for that same period of time. After the ban has expired, if the individual commits another offense of the adult code of conduct, the individual will be permanently banned from any and all North Glade Cardinals Youth Foundation, Inc. events and the individual’s children may also be permanently removed from any and all North Glade Cardinals Youth Foundation, Inc. programs.

### RULES & REGULATIONS

I hereby understand and acknowledge that as a parent/guardian of a North Glade Cardinals Youth Foundation, Inc. participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by North Glade Cardinals Youth Foundation, Inc. or any of its member organizations. Any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of my child/the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant. By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Print Full Legal Name: \_\_\_\_\_