DATE: DIVISION:		EERLEADING [АТТАСН РНОТО
AGE:DATE OF BIRTH: _ As of July 31, 2023)				HERE
PARTICIPANT NAME:				
ADDRESS:				
GRADE: SO	THOOL:		ST	
2023-2024 School Year		2023-2024 School Y	ear	
THE PARENT/GUARDIAN HEREBY ADVISE TH CHOOL YEAR <u>NOR</u> TURN 16yrs old THIS CALEN PARENT/GUARDIAN NAME: (PRINT)	NDAR YEAR OF 2023.			
ARENT GUARDIAN SIGNATURE:				
HONE: (Home)	(Work)	(Pager/Cell)	

I, the parent/guardian of the above-named participant hereby give my child approval to participate in any and all MFYC events including transportation to and from the events. I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading and/or dance may result in **SERIOUS INJURIES, PARALYSIS, and PERMANENT DISABILITY AND/OR 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 local league and MFYC 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.

PARTICIPANT SIGNATURE

PARENT/GUARDIAN SIGNATURE

I fully understand that any false or misleading information given on this card <u>*will*</u> *result in forfeiture of all games* <u>*AND*</u> *suspension of Head Coach.*

HEAD COACH SIGNATURE:

MUST BE INITIALED BY AN AUTHORIZED PERSON

Regular Season Games				Post Season: Playoff/Super Bowl/Cheer-Off				
WK	Present	Absent	League/Initial	DATE	Present	Absent	League/Initial	DATE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MID-FLORIDA YOUTH CONFERENCE

MEDICAL RELEASE FORM

I/We,		, of				
(Par	ent/Guardian)		, of(Street Address)			
		. Citv of				
		,	(City)			
County of	unty)	, State of	FLORIDA	, am/are		
(Co	unty)		(State)			
the parent(s)/ guardian(s) have legal custody of			, a minor,		
	, <u> </u>	(Child's Name)				
age	, born		, who reside with m	ne/us at the set		
(Age) form above. I	, born(DOB)				
ray examination, anesthe to the minor by a dentist	geon licensed to practice i etic, dental or surgical dia licensed to practice in an day of	gnosis or treatme y state of the Unit	nt and to hospital care ed States.			
			efore me personally a	ppeared		
		- tł	nis day of			
(Parent or Guardian)		<u>2</u> (023			
		-	Notary P	ublic		
		Ν	ly commission expires	5:		