

CAW INNER-CITY FOOTBALL LEAGUE
2024
WWW.CAWFOOTBALL.ORG

Date Paid: _____

Amt Paid: _____

Receipt #: _____

Rec'd By: _____

Child's Name: _____ Team/Coach Requests : _____

Home Phone: (____) _____ Grade: _____ School: _____

Street Address: _____ City: _____ Zip: _____

Child's Limitations or Cautions _____

Weight _____ Height _____ Age by August 1st _____

Race _____ Ethnicity _____

Parent/Guardian Name: _____ Phone: (____) _____

Email Address: _____

Emergency Contact (other than household): _____ Phone: (____) _____

***\$100 REGISTRATION FEE - CASH APP \$CAW2006
\$50 REFUND WHEN EQUIPMENT IS RETURNED AT END OF SEASON***

*****PLEASE RETURN ALL EQUIPMENT SO IT CAN BE USED NEXT YEAR *****

AUTHORIZATIONS and RELEASE:

Insurance: It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all CAW INNER-CITY FOOTBALL LEAGUE activities. The CAW INNER-CITY FOOTBALL LEAGUE does not provide any such coverage for its participants.

Photograph Permission: I give permission for the CAW INNER-CITY FOOTBALL LEAGUE to use any pictures of my child for future promotional purposes.

Data Sharing: I give permission for the CAW INNER-CITY FOOTBALL LEAGUE to use my personal information as required by CICF grant programs.

Medical Treatment: I hereby give permission for my child to be given first aid treatment by a qualified staff member of the CAW INNER-CITY FOOTBALL LEAGUE. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the CAW INNER-CITY FOOTBALL LEAGUE when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Release from Liability: Recognizing that the CAW INNER-CITY FOOTBALL LEAGUE will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the CAW LEAGUE coaches, its volunteers, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth sports program.

I have read and understand the above and have completed this form to the best of my ability. I also support the CAW INNER-CITY LEAGUE in promoting a positive team atmosphere where the kids come first and they serve God, community and others as Christ served the Church, in God's image.

Signature of parent or legal guardian: _____ Date: _____