SPACE COAST PANTHERS YOUTH FOOTBALL & CHEERLEADING
2019 Fall Registration

www.spacecoastpanthers.org *PLEASE PRINT CLEARLY!*

(1) Athlete's FULL Name:_____
Birth Certificate Exact Last First Middle

FLAG / TACKLE / CHEER DOB_____ Age on 8/1/19_____

Jersey # (1st)_____ Jersey # (2nd)_____ Jersey / Shirt size_____ Pant / Skirt size_____

(2) Athlete's FULL Name:_____
Birth Certificate Exact Last First Middle

FLAG / TACKLE / CHEER DOB_____ Age on 8/1/19_____

Jersey # (1st)_____ Jersey # (2nd)_____ Jersey / Shirt size_____ Pant / Skirt size_____

(3) Athlete's FULL Name:_____
Birth Certificate Exact Last First Middle

FLAG / TACKLE / CHEER DOB_____ Age on 8/1/19_____

Jersey # (1st)_____ Jersey # (2nd)_____ Jersey / Shirt size_____ Pant / Skirt size_____

Primary Address_____

_____ Primary? YES NO
Father / Guardian (please specify) Name, Phone, Email

_____ Primary? YES NO
Mother / Guardian (please specify) Name, Phone, Email

_____ Primary? YES NO
OTHER (please specify) Name, Phone, Email

MEDICAL RELEASE

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by another qualified, licensed physician who is available at the time.

Physicians Name & Phone_____ City_____

Allergies or other medical conditions_____

_____

Does your child have insurance? _____Yes _____No If yes, carrier?_____

PHOTO/VIDEO RELEASE

I hereby give permission for images of my child, captured during SCP activities through video, photo and/or digital camera, to be used for purposes of media including, but not limited to local newspapers, SCP web site or social media related to SCP.

_____ _____ _____
Parent/Legal Guardian Printed Name Parent/Legal Guardian Signature Date

The league's insurance is a secondary payer and all insurance claims have a $250.00 deductible which is the responsibility of the parent or legal guardians. A portion of the registration fee covers insurance, state corporate fees, game Official fees and Brevard County Parks and Rec fees. **$30.00 non-refundable registration fee. Additional fees will apply for each athlete.**

League Use Only

Rate_____ Division _____ Board Member _____

Paid_____ ☐ Cash ☐ Card ☐ Plan ☐ Check #_____