

# SPACE COAST PANTHERS YOUTH FOOTBALL & CHEERLEADING 2020 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 7/31/20 \_\_\_\_\_                      Rate \_\_\_\_\_

Jersey # (1<sup>st</sup>) \_\_\_\_\_    Jersey # (2<sup>nd</sup>) \_\_\_\_\_                      Jersey / Shirt size \_\_\_\_\_                      Pant / Skirt size \_\_\_\_\_

(2) Athlete's FULL Name: \_\_\_\_\_

**\*Birth Certificate Exact**                      Last                                      First                                      Middle

FLAG / TACKLE / CHEER    DOB \_\_\_\_\_                      Age on 7/31/20 \_\_\_\_\_                      Rate \_\_\_\_\_

Jersey # (1<sup>st</sup>) \_\_\_\_\_    Jersey # (2<sup>nd</sup>) \_\_\_\_\_                      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's fees and Brevard County Parks and Rec fees. **\$30.00 non-refundable registration fee. No refunds after July 1. Additional fees will apply for each athlete.**

<b>League Use Only</b>	
Total Due _____	Board Member _____
Paid Today _____	<input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Plan <input type="checkbox"/> Check # _____