



SPACE COAST PANTHERS YOUTH FOOTBALL & CHEERLEADING INC. 2022 Fall Registration

www.spacecoastpanthers.org

PLEASE PRINT CLEARLY!

(1) Athlete's FULL Name: Last First Middle

*Birth Certificate Exact FLAG / TACKLE / CHEER DOB Age on 7/31/22 Rate

(2) Athlete's FULL Name: Last First Middle

*Birth Certificate Exact FLAG / TACKLE / CHEER DOB Age on 7/31/22 Rate

Primary Address

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 Primary? YES NO

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.

League Use Only
Total Due Board Member
Paid Today Cash Card Plan Check #