



**Participant Information**

Player Name (First and Last): \_\_\_\_\_  
 Other Family Name (If Different from Player): \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
 Name of School Player Attends: \_\_\_\_\_  
 What Sport Are You Signing Up For?: \_\_\_\_\_ Seasons of experience?: \_\_\_\_\_  
 Players Shirt Size: Child S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ Adult S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_  
 Special Requests / Comments: \_\_\_\_\_

**Parent or Legal Guardian Information**

Parent or Guardian Name (First and Last): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Emergency Contact and Medical Information**

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 (Other than the Parent, who else could be contacted in the event of an emergency)  
 Child's Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Hospital of Choice: \_\_\_\_\_  
 Existing Medical Conditions or Allergies (Please include any medications being taken): \_\_\_\_\_

**Permission, Understanding, and Waiver Statements**

- 1) By signing below, I approve of my child's participation in the activities of the Chenango Forks Community Association, Inc. (CFCA). I also certify that he/she is in good health, and is able to partake in all activities.
  - 2) By signing below, I hereby give permission to the CFCA, or it's agents, to seek emergency or urgent care for my child in the event that I can not be reached, or the emergency contact, as identified above, can not be reached.
  - 3) In consideration for the rights allowing my child to participate in CFCA program(s), I acknowledge and agree to be bound by the following:
    - a) Identification of Risks: I understand that the participation in any sports activity involves risks of serious injury, including permanent disability, death, and other losses.
    - b) Assumption of Risks: I agree that I am responsible for my child's safety while participating in the activity, and that such responsibility includes participation in the activity only: a) when my child is both physically and psychologically prepared to participate safely, and b) while using equipment of a type and condition reasonably necessary to safely participate in the activity. I assume all risks for my child connected with any injury or loss related to my child's participation in the activity.
    - c) Waiver: Aware off the risks and willing to assume them, I hereby release and agree to hold harmless, CFCA Inc. and it's agents, coaches, and other volunteer personnel, from all claims on behalf of my child, for any liability, injury, loss, or damage in any way connected with my child's participation in the CFCA programs. I also waive any claims against the CFCA and it's agents, coaches, and other volunteer personnel on behalf of my child. I intend that this waiver and release will also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any legal action or claim on my child's behalf.
    - d) Applicable Law: This waiver and release is formed under, and is to be interpreted under, the laws of the State of New York.
- I have read this waiver and permission statements, and having done so, I am signing it voluntarily on behalf of my child, and on behalf of myself.

\_\_\_\_\_  
 Parent or Legal Guardian's Printed Name

\_\_\_\_\_  
 Parent or Legal Guardian's Signature

\_\_\_\_\_  
 Date

**This Section to Be Completed by a CFCA Representative**

CFCA Membership #: \_\_\_\_\_  
 CFCA Dues: \$ \_\_\_\_\_ Sports Amount: \$ \_\_\_\_\_ Total Fee: \$ \_\_\_\_\_ Equipment Deposit: \$ \_\_\_\_\_  
 (To be refunded when all equipment is returned at end of season)  
 Date Collected: \_\_\_\_\_ Collected By: \_\_\_\_\_ Cash \_\_\_ Check \_\_\_ Lunch Pgm \_\_\_  
 Special Notes: \_\_\_\_\_