



FORT PIERCE ATHLETICS - FIREHAWKS YOUTH FOOTBALL & CHEER

2019 FOOTBALL REGISTRATION FORM

Player Information

First Name: _____ Last Name: _____
Mailing Address: _____ City: _____ Zip: _____
Birthdate: _____ Age (as of July 31, 2019): _____
Medical Conditions/Medications: _____
St. Lucie County Skyward # (if applicable): _____ Lunch # _____ Current GPA: _____

Parent/Guardian Information

Parent/Legal Guardian **Present**: _____
Home Phone: _____ Cell Phone: _____ Email: _____

As parent/guardians, we state to the best of our knowledge and belief, the information provided on this form is true, accurate and complete. We understand that this program is a contact sport and involves certain risks of illness or injury to the participant. As parents/guardians we state that _____ (print name of player) is physically fit to participate in the Fort Pierce FireHawks program and consent to our child's participation in such program.

Knowing the risk of injury, as parents/guardians we do hereby agree to assume responsibility for any illness of injuries sustained by our child while practicing, playing, participating in, being transported, or involved in the activities under the jurisdiction of the Fort Pierce Athletics. We agree to assume all responsibility for and pay for all medical and hospital expenses incurred because of any illness or injury incurred by our child as a participant in this league. We release Fort Pierce Fire's officers, directors, coaches, officials, representatives, volunteers of the City of Fort Pierce from any and all liabilities sustained by our child or ourselves resulting from participation in this league.

****EQUIPMENT****

I agree to be financially responsible for any lost or damaged equipment and agree to return equipment provided. If not, I understand I will be billed by the City of Fort Pierce.

By signing below, you are agreeing to all terms listed on this page:

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

FOR LEAGUE USE ONLY (Birthdate & Age Confirmed by Birth Certificate):

Registration Fee: _____ Amount Paid: _____ Payment Method: _____
Birthdate: _____ Age: _____ Team Assigned: _____

VERIFY THE FOLLOWING (All Documentation Due June 15, 2019):

- Signed Medical Release Form
 - Copy of Birth Certificate
 - Photo Provided
 - Copy of Completed Physical
 - Legal Guardian Documentation (if applicable)
- Board Initials: _____
Board Initials: _____

NO REFUNDS