before the student can participate in the athletic program	. No Refunds!
STUDENT	BIRTHDATE
ADDRESS OF STUDENT	
SCHOOLGRADE	
TEAM PLAYED FOR PREVIOUS SEASON	
PARENT/LEGAL GUARDIAN	
TELEPHONE(HOME)(CE	LL)
EMAIL	
FAMILY PHYSICIAN	
MEDICAL HISTORY (to be completed by parent/guardian)	
AGE	
IS THERE A KNOWN HISTORY OF?	
 Birth deformities (one eye, one kidney, eff.) YES Known past illness of more than one week YES Medical condition currently under treatment YES Fractures or disabling injuries YES Permanent deformity or disability YES Allergy. YES Mental disorder or convulsions YES EXPLAIN ABOVE 	NO NO NO NO NO NO NO NO NO
I hereby apply for permission for my child to participal information in this application is correct, and I agree that regulations governing the football program as set forth by	my child will abide by the eligibility rules and
As parent/legal guardian of his/her practice and play in the football program listed deemed necessary for a condition arising during participal surgical treatment recommended by a medical doctor examination and certify that the medical history herein is	ation in these activities, including medical and I agree to the need for a screening medical
I have read and understand the Shelby Lions Football rul understand that myself and my child must abide by these program.	
Signature of Parent/Legal Guardian	Date

This Form is to be filled out completely and filed with the Cleveland County Youth Football League

PARENTAL AUTHORIZATION

I, parent or guardian, of the above named candidate for a position on a Mighty Mite, Pee Wee or Midget League Football team; give my approval for participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation (if necessary). I do hereby waive, release, absolve, indemnify and agree to hold harmless the local league organization, supervisors, participants and/or persons transporting him/her to and from activities. For any claim arising out of any injury to him/her except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic if he/she becomes ill or injured while participating in league activities away from home or any other time when neither parent/guardian is available to grant authorization for emergency treatment.

PARENT OR GUARDIAN:	
RELATIONSHIP TO PLAYER:	
SIGNATURE:	DATE:
I HAVE READ AND UNDERSTAND THE SHE DEPT. PARENT/GUARDIAN INFORMATION	
SIGNATURE:	DATF:

SHELBY LIONS FOOTBALL TEAM

RELEASE FROM LIABILITY

In consideration of permission granted to my child
by the Cleveland County Youth Football League and Shelby Lions Football
Team to participate in football/cheerleading during the 2021 football
season, I hereby release and discharge the Cleveland County Youth
Football League and Shelby Lions Football Team, its agents, employees and
officers from all claims, demands, judgements, and execution which I, the
undersigned, ever had, now have, or claim to have against the Cleveland
County Youth Football League and Shelby Lions Football Team, its
successors or assigns, for all personal injuries, known or unknown, and
injuries to property, real or personal, caused by or arising from the above
described activities. I further understand that Cleveland County Youth
Football League and Shelby Lions Football Team do not provide any form
of liability or injury insurance for any participant in the above described
activities. I give permission for my child to participate in the Cleveland
County Youth Football League.

Parent/Guardian Signature______Date_____