



PARTICIPANT REGISTRATION FORM

Participant Name _____

Address _____

Participant's Cell Phone _____ Participant E-mail Address _____

Date of Birth _____ Age: _____ Grade _____ Height: _____ Weight: _____

School(s) or Home School Program(s) currently enrolled in or affiliated with: _____

Year entering freshman year: _____ Age entering freshman year: _____

Participant Sport: _____

Previous Experience: _____

Other Sports Experience: _____

Father's Information

Mother's Information

Name _____ Name _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Emergency Contact / Relation: _____ Emergency Phone _____

Participant Health Information

Does your child have any issues, current injuries, limitations, allergies, hemophilia, heart condition, history of respiratory illness, maintenance medications or other significant medical conditions? If yes, please state conditions: _____

Current Medication(s): _____

I herein give my permission to the Freedom Cowboys administration, coaches, and other representatives to seek emergency medical care for my child should it be necessary. I understand that Freedom will not pay for nor provide any insurance for such care, other than the secondary insurance policy held by Freedom upon participant qualification.

A doctor's physical statement attesting to the participant's fitness is required to participate in any Freedom Cowboys event. The Freedom Cowboys assume no responsibility or liability for any occurring injury as agreed in the liability waiver (under separate cover).

I understand that Football and Cheerleading are physical sports and injuries may occur. I hereby state that the above medical information is complete and current to the best of my knowledge.

Name: _____ Signature: _____ Date: _____