

Please Print!



	Have	Need
Birth Cert	_____	_____
Physical	_____	_____
Insur Info	_____	_____
FundRaise Chk	_____	_____
Do NOT Fill Out !		

2012 SCOTLAND BRONCOS REGISTRATION FORM

INSTR. FOOTBALL	_____
JV FOOTBALL	_____
MID VARSITY FOOTBALL	_____
VARSITY FOOTBALL	_____
Organization Use Only ! Do NOT Fill Out !	

INSTR. CHEERLEADING	_____
JV CHEERLEADING	_____
MID VARSITY CHEERLEADING	_____
VARSITY CHEERLEADING	_____
Organization Use Only ! Do NOT Fill Out !	

PARTICIPANTS NAME: _____ **Male / Female**

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME # _____ **CELL #** _____ **EMAIL** _____

DOB _____ **Age as of 9/01/12** _____ **WEIGHT (football only)** _____

Grade as of 9/12: _____ **SCHOOL NAME:** _____

Mother's Name: _____ **Fathers Name:** _____

Occupation: _____ **Occupation:** _____

Legal Guardian (if not parents): _____

Home # : _____ **Work #** _____

Emergency contact: _____ **Phone #** _____

List Family Members Currently or Previously in Scotland Broncos Program Below: _____ **Has Child Participated in KYFCL Previously:** Yes / No **If Yes list Team:** _____

ALL PARTICIPANTS MUST PROVIDE COPY OF BIRTH CERTIFICATE, FUNDRAISING CHECK AND OBTAIN A PHYSICAL BEFORE ANY PARTICIPATION MAY BEGIN

I/WE, do hereby give my/our approval and permission for the above named individual to participate in any and all activities of the SCOTLAND BRONCOS. I/WE assume all risks, hazards and incidences to such participation including transportation to and from all activities. I/WE do hereby waive, release, absolve, indemnify and agree to hold harmless the SCOTLAND BRONCOS / Scotland Midget Football Inc. & the Keystone Youth Football and Cheerleading League, Inc., the organizers, sponsors, participants, and persons transporting MY/OUR child to or from activities, for any claim arising out of any injury to MY/OUR child whether the results of negligence or for any other cause. I/WE give permission to the SCOTLAND BRONCOS to seek medical treatment for MY/OUR child in the event of an emergency. In the event of an injury that requires a physician's treatment, I/WE agree that the participant MUST present to SCOTLAND BRONCOS a release from a physician to resume any physical activity.

(continued on back)

In the event of any emergency that would require transportation to a hospital or physician the participant is to be transported to the nearest Hospital Emergency Care Unit or Physician to initiate preliminary studies such as x-rays and/or laboratory studies and /or treatment on MY/OUR child. It is understood that a representative from SCOTLAND BRONCOS will make every attempt to contact the Parent/Guardian Or Emergency Contact before transportation decision is made.

Please List Health / Physical Situations and All Medications the Child Is Presently Taking: Include Name and Dosage:

INSURANCE COMPANY _____

POLICY NUMBER _____

I/We do / do not give Scotland Broncos permission to put my son/daughter's picture or name on the Scotland Broncos Website and/or related publications. (circle one)

My daughter has / has not been, or is currently involved in cheerleading outside the Scotland Broncos. (circle one)

Do not complete: CASH _____ CHECK _____ B/O _____

Fundraiser deposit \$100 check # _____ FUNDRAISERS: YES / NO

REGISTRATION FEE IS NON-REFUNDABLE AFTER THE PRE-SEASON PARENT'S MEETING

FUNDRAISING CHECK WILL NOT BE DEPOSITED AND WILL BE RETURNED AT COMPLETION OF ALL FUNDRAISING, WORK OBLIGATIONS AND EQUIPMENT/ UNIFORM RETURN! *THERE IS A \$35 RETURNED CHECK FEE*

CONCESSION STAND DATE: _____ BINGO DATE: _____

I/WE acknowledge that I have read all of the above and all information is correct & actual. I have read, understood and received a copy of the Code of Ethics for me/us and my child(ren). My child(ren) and I /We agree to abide by them. I/WE am/are responsible for all equipment /uniform, which must be turned in immediately upon resignation of participant or at the end of the season on the scheduled equipment return days. I/WE agree that equipment/ uniform must be returned clean and in as good of as condition as when received. If equipment/ uniform is not returned or is not in good condition it is understood that I/WE are responsible for the cost to replace the item(s).

PARENT / GUARDIAN SIGNATURE

DATE
