



# EASTERN THUNDER COMMUNITY FOOTBALL LEAGUE

## CHEERLEADING 2018 REGISTRATION FORM

League Website: [www.EasternThunderFootball.com](http://www.EasternThunderFootball.com)

### Child Information RETURN FORMS AND PAYMENT BY JULY 1<sup>ST</sup> FOR A \$5.00 DISCOUNT

MAIL COMPLETED FORMS AND PAYMENT TO: ETCFL (IN CARE OF DUANE LONG) 8766 EAST S.R. 58 BLOOMFIELD, IN 47424

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Grade Fall 2018 \_\_\_\_\_ K-6<sup>TH</sup> Grade

Age as of August 1, 2018 \_\_\_\_\_ Shirt Size \_\_\_\_\_ Short Size \_\_\_\_\_ Skirt Size \_\_\_\_\_

### Parent Information (Please Print)

Parent/Guardian Name \_\_\_\_\_

Phone Numbers; Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

### Cheerleading outfit Information

**\*\*\* Cheerleaders will be measured for outfits on JULY 14th FROM 9AM TO 11AM \*\*\***

Registration Fee includes; (1) tee shirt, and (1) skirt or (1) pair of shorts. Parents will not be required to purchase specific socks, and or warm up clothing. Additional clothing purchases will be optional and at the discretion of each child's parents.

### Refunds

**After a Child has participated in at least one scheduled practice or game there will be NO REFUNDS.**

### Concessions

Concessions: Parents are **required** to sign-up for one (1) concession per child participating in the ETCFL. A check for \$50 will be collected per child as a deposit at the time of registration. **THIS CHECK WILL NOT BE CASHED PRIOR TO THE END OF THE SEASON.** The check will be returned uncashed after the required concession duty has been fulfilled. Any and all checks remaining at the end of the season due to parents not completing the required concession duty will be cashed.

*I have read and understand the concession policy.*

Parent signature: \_\_\_\_\_

### Coach's Contact

Please include one phone number to call and/or text in case of practice / game cancellation, or any other last minute changes.

**Coaches will call or text just ONE Phone number.** \_\_\_\_\_

*I certify that all information given is correct. I agree to all stipulations herein and to abide by the rules and regulations of the Eastern Thunder Community Football League. I am the parent or legal guardian of the child that I have registered above.*

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fee: \$65.00

Cash/Check No. \_\_\_\_\_

Registration Fee \$60.00 (\$5.00) Discount if Paid in Full by July 1<sup>st</sup> 2018

Date Paid \_\_\_\_\_

Emergency Authorization Form \_\_\_\_\_

Amount Paid \_\_\_\_\_

Waiver or Liability Form \_\_\_\_\_

Receipt No. \_\_\_\_\_

Parent Code of Conduct Form \_\_\_\_\_ Player Code of Conduct Form \_\_\_\_\_

Please make all checks payable to ETCFL (Eastern Thunder Community Football League)

**Please contact Duane Long for any additional information @ 812-361-8735 or email [longelkfarm@bluemarble.net](mailto:longelkfarm@bluemarble.net)**

**You may send this form, completed in full, w/ payment to Duane Long at 8766 East. S.R. 58 Bloomfield, IN 47424**

**EASTERN THUNDER COMMUNITY FOOTBALL LEAGUE  
CHEERLEADING 2018 RELEASE FORM**

***Emergency Authorization***

I, \_\_\_\_\_ (parent/guardian's name) the undersigned parent or legal guardian of \_\_\_\_\_ (participant), a minor, hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors as picked by an Officer of the Eastern Thunder Community Football League to consent to medical, surgical, or dental examination or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the following:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

***Waiver of Liability, Disclaimer, and Permission***

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. In consideration for accepting the ***nonrefundable registration fee*** of the named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as for my child, his /her heirs and assigns) hereby release, discharge, and hold harmless **Eastern Thunder Community Football League**, and its employees, volunteers and other representatives or affiliates (including without limitation the participating schools, organizations, coaches, team moms, sponsors, game or event workers, officials, facilities, volunteers and land owners) from any and all claims arising from or relating to illness, physical injury, death or other damages that may result to said individual while participating in an **Eastern Thunder Community Football League** sponsored event, including any physical injury by negligence of any official, coach, or volunteer while performing his/her duties during any practice or game. I attest that my child is physically capable to participate in this event. However, should officials, representatives, coaches, or volunteers determine in their sole discretion that the completion or participation in any games or events would be injurious to my child's health, or should my child become ill or injured, I consent to his/her removal and treatment by any physical or medical care provider at the direction of the event or game officials, sponsors, representatives, coaches, team moms, and/or volunteers. I fully understand that ***all fees are nonrefundable***, and all property of **Eastern Thunder Community Football League** must be returned at the end of the season.

***PARENT/GUARDIAN SIGNATURE*** \_\_\_\_\_

***PRINTED NAME*** \_\_\_\_\_ ***DATE*** \_\_\_\_\_