**FOOTBALL & CHEER REGISTRATION**

**Practice and Home Game Location**

Practice is Mondays, Tuesdays, and Thursdays 6pm-8pm

 Lankford Memorial Baptist Church

3708 Yanceyville St. Greensboro, NC 27405

Home games will be played at Walter Hines Page Senior High School

Walter Hines Page Senior High School

201 Alma Pinnix Dr. Greensboro, NC 27405

**Registration Period:**

February 1st – October 2nd

**Registration Fee - $150**

(Cash App: $Triadelitestorm19**,** Venmo: Triadelitestorm, Apple Pay: 336-340-8261)

**Player requirements to participate Fall/Spring Football and Cheer season**

* NC State issued ID (Football Players Only)
* Birth Certificates
* Physical Form
* Completed Registration Packet
* Paid Registration Fee

**Photo & Video Consent Form**

Consent form for use by Triad Elite Storm

Name of player \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of player’s parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occasionally, we may take photographs, or video, of the young players at our games/events participating within league games. We may use these images on our website and social media sites.

**Please answer the questions below and then date and sign the form where shown.**

May we use your child’s photograph on the Team’s website? YES / NO

May we use your child’s photograph on the Team’s social media sites? YES / NO

May we use video that includes your child on the Team’s website? YES / NO

May we use video that includes your child on the Team’s social media sites? YES / NO

Please note that the team website, and social media sites can be viewed throughout the world, and not just within the United States. The ‘Conditions for Use’ of the photos and videos are at the bottom of this form. All photos and videos will ONLY be taken and released by authorized team members who have been cleared and received official passes. I have read and understood the ‘Conditions for Use’ at the bottom of this form.

 Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conditions for Use 1. This form is valid from the date signed up to the time when the player named leaves the team. The consent will automatically expire after this time. 2. We will not re-use any photographs or recordings after the named player leaves the team. 3. We will not include the personal details, email or postal address or telephone number of any child on our website represented in any photograph or video. 4. If we name any player in text, we will not use a photograph of that child to accompany the text. 5. At any request, we will immediately withdraw any publication from the website, or media sites, run by the team.

**Waiver and Release of Liability**

**READ BEFORE SIGNING**

**PARENTAL CONSENT**

I, The parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a participant in Triad Elite Storm, do hereby grant permission for his/her participation in any and all team activities.

\* Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REALEASE FROM LIABILITY**

I agree to assume all risks and hazards incidental to participation on this team including the potential for permanent disability, paralysis and death, and while rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I do hereby waive, release, absolve, indemnify, and agree to hold harmless organizer of Triad Elite Storm, its officers, directors, coaches, sponsors, volunteers, employees, participants, affiliates, and representatives, for any claim arising out of an injury to my child, whether the result of negligence or any other cause. Furthermore, I waive, release, remise, covenant not to sue, and fully discharge Triad Elite Storm , its officers, directors, coaches, sponsors, volunteers, employees, participants, affiliates, and representatives of any, liabilities, demands, actions or rights of action, damages of any kind , whatsoever, related to or arising out, or in any way connected to participation in Triad Elite Storm team. I certify that the participant has no known medical problems that would increase the risk of illness, injury, and/or death, as a result of participation in Triad Elite Storm team.

\* Initials: \_\_\_\_\_\_\_\_

**MEDICAL RELEASE**

I understand that there may be an occasion when an injury occurs that requires medical treatment and representatives of Triad Elite Storm are unable to contact me. This situation may occur before, during or after the team activities, while at the program site. I hereby grant permission to the organizers of Triad Elite Storm to administer first aid, secure proper treatment, and/or hospitalize my (son, daughter) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

\* Initials: \_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Medical Treatment, Consent and Information**

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form. All information disclosed here will be treated as confidential.

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Telephone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If parent or legal guardian cannot be reached, an EMERGENCY CONTACT to call: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT. I ALSO ACKNOWLEDGE WITH MY SIGNATURE THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGN Parent or Legal Guardian Name X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT Parent or Legal Guardian Name X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed

**Player Registration Form**

**PLAYER INFORMATION - Please Print Legibly**

|  |  |
| --- | --- |
| Last: First:  |  Phone:  |
| Date of Birth:  | Sex (M or F): |  |
| Address:  |   |
| Uniform Size:  |  |

**Parents**

|  |  |
| --- | --- |
| Mother/Guardian Name:  | Father/Guardian Name:  |
| Cell Phone:  | Cell Phone:  |
| E-mail:  | E-mail:  |

* Person to notify in emergency (when parent cannot be reached) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* List any medical condition or allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Doctor to notify in emergency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medical/Hospital Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Policy Holder Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature Players Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_