

Cheerleader / Player's Name _____ Phone _____

Address _____
street city state zip

Public School District _____ School Attended _____ **Open Enrolled Y / N**

Date of birth _____ Current Age 5 6 7 8 9 10 11 12

I agree to play / cheer during the current season in the CCYFL with the following organization: **Please circle below**
Batavia / Bethel / Blanchester / CHCA / CNE / Deer Park / Fayetteville / Finneytown / Goshen / New Richmond / Norwood /
North Adams / W. Brown / W. Clermont / Williamsburg
Team Age: 5/6U / 7U / 8U / 9U / 10U / 11U OR 5/6/7U / 8/9U / 10/11U

PARENT EMAIL _____

I will obey the Official Rules and Regulations of the Clermont County Youth Football League, Inc. while a member of the above football or cheerleading team.

Player Signature _____

To the best of my knowledge, **ALL OF THE ABOVE INFORMATION IS FACTUAL**, my child is physically fit and able to play football or cheerlead and I agree as parent or guardian to furnish a doctor's statement to that effect if requested by the team head coach or the CCYFL. It is my understanding that the CCYFL. does not take responsibility for the physical fitness of players and that as the parent or guardian, I bear the responsibility for my child's physical condition. I hereby agree that the CCYFL, it's members, coaches, league officers and officials shall not be held liable for any injury or loss which my child or children may sustain while participating in activities of any kind, whether sponsored or under the supervision of the CCYFL, and I agree to indemnify and hold harmless CCYFL, its members, coaches, league officers, officials or other appointed personnel from any claim whatsoever. By signing this contract I acknowledge that I have read and understood the rules and regulations of the CCYFL.

Parent/Guardian Signature _____

Head Coach Signature _____

Approved by the CCYFL EB to play / cheer during the 2025 Season.

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