



2021 REGISTRATION

__Peewees K - 2nd __Juniors 3rd - 4th __ Seniors 5th - 6th

Football K-6th Grade Includes:

Home jersey with players' last name on the back and socks. All players will check out: practice jersey, practice pants, gamepants, belt, pads, shoulder pads, and helmet w/ chin strap.

Cheer K-7th Grade Includes:

Cheer vest, skirt, bundies, cheer socks, & Cheer bow.

Clovis Rebels will provide pompoms.

REGISTRATION FEE \$275 _____ DEPOSIT \$100 _____

Make checks payable to: Clovis Rebels or CVYF

P.O. Box 3733 Clovis, CA 93613

Child's Name: _____ Date of Birth: _____ Age: _____

(please print clearly)

Address Apt# City **zipcode:** _____

Phone Hm#: _____

School entering in Fall 2021: _____ Grade in the Fall: _____

Father's name: _____ Cell# _____

email: _____

Mother's name: _____ Cell# _____

email: _____

Additional emails added: _____

Emergency Contact: _____ Relation: _____

Phone Hm#: _____ Cell#: _____

Emergency Contact _____ Relation: _____

Phone Hm#: _____ Cell#: _____

Previous Football Experience _____



Child's Name _____

(Please print clearly)

Emergency Health Information / Medical Information

This participant has the following health conditions: (Check all that apply)

☐ ADD/AHD ☐ Epilepsy/ Seizure Disorder
☐ Heart Condition ☐ Glasses/Contacts
☐ Bleeding Disorder ☐ Hearing Difficulty
☐ Asthma-Inhaler (Circle One: Yes No)
☐ Medication Allergy _____
☐ Food Allergy _____
☐ Serious Accident/Illness _____ Date _____
☐ Other Health Concerns _____

Authorization for Emergency Medical Treatment

The undersigned, legal custodian of _____ a minor, hereby authorizes the principal or designee into whose care the aforementioned minor player has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given pursuant to the provisions of Section 6910 of the California Family Code, and shall remain effective for the 2020 Football & Cheer season unless revoked in writing and delivered to said agent(s). I understand that the Central Valley Youth Football & Cheer/ Clovis Rebels, Board of Directors and coaches, assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray or treatment provided in relation to this authorization shall be borne by the undersigned.

I understand that the Central Valley Youth Football/Clovis Rebels does not provide medical or accident insurance for any related accident received while participating in any CVYF/Clovis Rebels activities.

I authorize the release of medical information by the Central Valley Youth Football/ Clovis Rebels to my insurance company as necessary to process a claim or request reimbursement for medical services rendered to my child. Ant shared information will be limited to service documentation only.

Family Physician: _____ Phone _____

Health Insurance/Medical: _____ Group/Policy No: _____

Check one of the following Options:



☐ My child is currently insured. ☐ I will insure my child. ☐ I choose not to insure my child.

By signing this agreement I acknowledge and agree to pay/complete registration and any additional fees by August 2nd, 2021. **If the balance remains unpaid, your child will not be given a uniform or issued practice gear.**

The first \$100.00 paid is a Non-Refundable Processing Fee. If a player listed above decides not to participate in the CVYF program the remaining paid registration (**after the first \$100.00 Processing Fee**) can be refunded by submitting a request by **email** to: clovisrebelsfootball@gmail.com by August 2nd, 2021.

After August 2nd, 2021 NO Refunds will be issued. NO EXCEPTIONS.

PARENT/GUARDIAN SIGNATURE (REQUIRED)

PARENT/GUARDIAN SIGNATURE(REQUIRED)

PARENT/GUARDIAN (PRINT NAME)

PARENT/GUARDIAN (PRINT NAME)

DATE

DATE

Ph.# _____

Ph. # _____