



THE EASTERN BAND OF CHEROKEE INDIANS



Tsaligi Kv hnyi/ Cherokee Life Recreation
P.O. Box 499, Cherokee N.C. 28719
Telephone: 828-554-6890 Fax: 828-497-7239

Youth Sports Registration Form (Football)

Child's Name: _____ Activity: _____ Division: _____

Check One: Male: _____ Female: _____ Grade: _____ DOB: ____/____/____

Parent/ Legal Guardian: _____

Address: _____

Home Number: _____ Work Number: _____

EMERGENCY CONTACTS:

(1) Name and Relation to Participant: _____ / _____

Home Number: _____ Work Number: _____

(2) Name and Relation to Participant: _____ / _____

Home Number: _____ Work Number: _____

INSURANCE COVERAGE:

Name of Company: _____

Policy Number: _____

I/ we give permission to Cherokee Life Program to provide medical attention for my child in case of an emergency.

Signature

Football Policy Agreement

I, _____, agree to return all Football Equipment to the Cherokee Life Program at the end of the season. If the football Equipment is not returned, I will pay the value of the Equipment (\$300.00) for my child.

Equipment Check Out
Helmet _____
Shoulder Pads _____
Pant Pads _____
Pants _____
Jersey _____

Equipment Return
Helmet _____
Shoulder Pads _____
Pant Pads _____
Pants _____
Jersey _____

I have received and read a copy of the Football Code of Conduct

SIGNATURE

DATE