



# DONELSON WARRIORS

## 2021 FOOTBALL and CHEERLEADING REGISTRATION FORM

FOOTBALL

CHEERLEADING

\_\_\_\_\_  
CHILDS NAME AS IT APPEARED ON BIRTH CERTIFICATE

\_\_\_\_\_  
DATE OF BIRTH (mm/dd/yyyy)

\_\_\_\_\_  
AGE ON JULY 31, 2021

\_\_\_\_\_  
CHILDS HOME ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP

\_\_\_ MALE      \_\_\_ FEMALE

\_\_\_\_\_  
HOME PHONE NBR (inc. area code)

\_\_\_\_\_  
CELL PHONE NBR. (inc. area code)

\_\_\_ NO      \_\_\_ YES

\_\_\_\_\_  
EXPERIENCED PLAYER/CHEERLEADER

\_\_\_\_\_  
# YRS EXPERIENCE

\_\_\_\_\_  
WHAT TEAM / COACH DID YOU PLAY / CHEER ON LAST YEAR

\_\_\_ NO      \_\_\_ YES

\_\_\_\_\_  
NAME OF SCHOOL CHILD WILL BE ATTENDING IN FALL, 2021

\_\_\_\_\_  
WILL CHILD BE HOME SCHOOLED?

\_\_\_\_\_  
GRADE IN FALL, 2021

CHILD LIVES WITH: \_\_\_ MOTHER      \_\_\_ FATHER

\_\_\_ BOTH PARENTS

\_\_\_ LEGAL GUARDIAN

*(It is necessary to fill out the information for both parents)*

### MOTHER or LEGAL GUARDIAN INFORMATION

### FATHER or LEGAL GUARDIAN INFORMATION

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PHONE NBR (inc. area code)

\_\_\_\_\_  
PHONE NBR (inc. area code)

\_\_\_\_\_  
LIST ANY MEDICATIONS CURRENTLY  
TAKEN BY PLAYER/CHEERLEADER

\_\_\_\_\_  
LIST ANY MEDICAL and/or PHYSICAL  
CONDITIONS THAT WOULD BE IMPORTANT  
FOR THE COACH TO KNOW

## PARENTAL AUTHORIZATION & INDEMNIFICATION

The undersigned parent and/or guardian of the above-named minor, hereby consents to the full participation by the above-named minor in the Tennessee Youth Sports Alliance (TYSA) and agree for said minor to be assigned by TYSA or TYSA agents to a TYSA team.

I acknowledge that the activities that my child will be involved in may be dangerous in nature and I represent that I know and understand those dangers to which my child will be exposed. I specifically acknowledge and understand that football/cheerleading is a sport with risk of serious injury or even death.

I do hereby voluntarily assume on behalf of the above-named minor each, every, and all risks and/or hazards to which said minor or myself might be exposed during TYSA activities including, but not limited to, playing said sport, cheerleading and/or transportation to and from all activities and medical attention of any nature resulting from injuries sustained in the activities.

I do hereby **WAIVE, RELEASE, ABSOLVE AND AGREE TO INDEMNIFY PAY AND HOLD SAFE AND HARMLESS** said football / cheerleading program, its entire organization, TYSA, the local league/community, their coaches, participants, Board of Directors, all officers, all assistants, persons and/or organizations that transport the participants for any purpose for and from all claims, injuries, damages of both a compensatory and punitive nature and for any and all other claims and/or damages which might arise out of and/or due to the above-named minor's participation in said activities.

The parent/guardian whose signature appears below does hereby consent to any and all medical treatments including anesthesia and operations which may be deemed necessary by medical care providers attending to the above-named minor for injuries sustained in the activities. I further agree and acknowledge that I am responsible for all charges incurred in connection with treatment and care rendered to the above-named minor pursuant to this agreement.

In the event that TYSA is unable to host any scheduled events due to any cause beyond its reasonable control due to a force majeure, including acts of God, war, acts of terrorism, epidemics/pandemics, government regulations, any disaster which renders the facility unusable for the event, strikes, civil disorder, curtailment of transportation facilities, or any order of public authority neither party shall be responsible to the other party for failure or delay in performance of its obligations under this agreement

**I ACKNOWLEDGE BY SIGNING THIS FORM THAT I HAVE FULLY READ THE ABOVER COVENANT AND AGREE AND CONSENT TO THESE TERMS AND CONDITIONS AND THE INFORMATION I HAVE DOCUMENTED ABOVE IS TRUE and ACCURATE INFORMATION.**

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE