

**KERSEY COUGAR / PLATTE VALLEY YOUTH FOOTBALL PROGRAM
REGISTRATION AND MEDICAL RELEASE FORM**

Player _____ Birth Date _____

Father/Guardian _____ 2026 Grade in School _____

Mother/Guardian _____ School _____

Address _____

Cell - Father _____ Work - Father _____

Cell - Mother _____ Work - Mother _____

IN AN EMERGENCY IF PARENTS CANNOT BE CONTACTED NOTIFY _____

Phone _____ Cell Phone _____

Physician _____ Phone _____

Allergies to Foods/Medicines _____

Chronic Illness (ex: Asthma etc.) _____

Vision/Hearing Impaired _____ Glasses/Contacts _____ Hearing Aid _____

Any other information you feel we should know about your child: _____

As a parent/guardian of a child who participates in sports, I realize injuries may occur and that my child might need to be taken to a hospital. By signing this form, I give my permission for emergency treatment to be given.

By signing this release form, the player and their parent/guardian agree not to hold the NOCO league, Platte Valley Youth Football Program or their coaches, Platte Valley Schools, or the town of Kersey liable for injury or accident incurred while playing/practicing the game of football.

PARENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS REGISTRATION FORM.

Parents/Guardian Signature _____ Date _____

Players Signature _____ Date _____

ORGANIZATIONAL USE ONLY

***COMPLETED PHYSICAL FORM Y N COMMENT _____**

***INSURANCE COPY Y N COMMENT _____**

Date Recvd /Recvd By	CHECK NUMBER	Method of Payment	Comments
		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other	

TOTAL PAID \$ _____ TOTAL AMOUNT STILL DUE \$ _____

T SHRIT SIZE YS YM YL AS AM AL AXL AXXL