

MID FLORIDA YOUTH CONFERENCE

PARTICIPANT IDENTIFICATION CARD

FOOTBALL CHEERLEADING

DIVISION: 6U 8U 10U 12U 14U

ORGANIZATION: _____

AGE: _____
(As of July 1, 2025)

DATE OF BIRTH: _____

GRADE: _____
2025-26 School Year

SCHOOL: _____
2025-26 School Year

ATTACH
PHOTO
HERE

PARTICIPANT LEGAL NAME: _____

ADDRESS: _____
STREET CITY ZIP CODE

I, THE PARENT/GUARDIAN HEREBY ADVISE THAT THE PARTICIPANT LISTED ABOVE IS NOT IN THE 10TH GRADE FOR THE 2025-26 SCHOOL YEAR AND WILL NOT TURN 16yrs old DURING THE 2025 CALENDAR YEAR.

PARENT/GUARDIAN NAME: (PRINT) _____

PARENT/GUARDIAN EMAIL: _____

PHONE: (Mobile) _____ (Work) _____

I, the parent/guardian of the above-named participant hereby give my child approval to participate in any and all MFYC events including transportation to and from the events. I acknowledge that I am fully aware of the potential dangers of participation in any sport, and I fully understand that participation in football, cheerleading and/or dance may result in **SERIOUS INJURIES, PARALYSIS, and PERMANENT DISABILITY AND/OR DEATH.** Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local league and MFYC and any and all organizers, sponsors, supervisors, participants, and persons transporting the above-named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. **I also give MFYC permission to contact my child's school and verify the information I provided is True and Correct.**

PARENT/GUARDIAN SIGNATURE

DATE

*I fully understand that any false or misleading information provided **will** result in forfeiture of all games **AND** suspension of Head Coach **AND** a fine to the local league.*

HEAD COACH SIGNATURE

DATE

MID FLORIDA YOUTH CONFERENCE

MEDICAL RELEASE FORM

I/We, _____, of _____
(Parent/Guardian) (Street Address)

_____, City of _____,
(City)

County of _____, State of **FLORIDA**, am/are
(County)

the parent(s)/ guardian(s) have legal custody of _____, a minor,
(Athlete's Name)

age _____, born _____, who reside with me/us at the stated address.
(Age) (DOB)

IN THE CASE OF AN EMERGENCY, I/We authorize _____,
(Local League)

**an organization and its adult representatives, in whose care the minor has been entrusted, and who
operates from _____, City of _____,**
(Street Address) (City)

**State of Florida, to take said minor to an emergency room, doctor's office, clinic, or hospital
as necessary. I/We also give my/our consent to an X-ray examination, anesthetic, medical or surgical
diagnosis / treatment and hospital care to be rendered to the minor under a general physician or
surgeon licensed to practice in any state of the United States. I/We also consent to an X-ray examination,
anesthetic, dental or surgical diagnosis / treatment and hospital care to be rendered to the minor by a
dentist licensed to practice in any state of the United States.**

Parent/Guardian Printed

Parent/Guardian Signature

State of Florida County of _____

The foregoing instrument was acknowledged before me
this _____ day of _____, 2025.

Notary Public

My commission expires: _____