



SCAPPOOSE YOUTH FOOTBALL ASSOCIATION
 P.O. BOX 176
 SCAPPOOSE, OR 97056
 (503) 543-4882



SCAPPOOSE YOUTH CHEERLEADING CONTRACT

NAME _____ D.O.B. _____ HOME PHONE _____

ADDRESS _____ EMERGENCY PHONE _____

FATHER _____ WORK PHONE _____

ADDRESS _____ HOME PHONE _____

MOTHER _____ WORK PHONE _____

ADDRESS _____ HOME PHONE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____

GRADE ENTERING IN FALL _____ SCHOOL _____

INSURANCE INFORMATION

INSURANCE COMPANY _____

POLICY # _____ GROUP # _____

CHILD'S DOCTOR _____ PHONE _____

PREFERRED HOSPITAL _____

I understand that the Scappoose Youth Football insurance is secondary to my primary insurance. I also understand that all of the above information to be accurate. I, as parent/guardian of said player/minor hereby give permission for said minor to participate in any and all activities sponsored by Scappoose Youth Football.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

AUTHORIZATION FOR ANOTHER TO CONSENT TO TREATMENT OF CHILD

As a parent/guardian of the following player, _____, I do hereby authorize the supervising coach, or his/her designee at the time of the accident to consent to any medical or surgical treatment of the above player which such person deems advisable if a parent or legal guardian cannot reasonably be located when the child is taken for treatment. The above authorization will be effective while participating in Scappoose Youth Football activities.

SIGNATURE _____ DATE _____