

Hermitage
Youth
Football
&
Cheerleading



2nd
Thru
6th
Grades

Player/Cheerleader name: _____

___Football: \$65 Number requested: ____/____

___Cheer: \$85

Parent/ Guardian: _____

Would you be interested in Volunteering as a coach? Y____ N_____

Home Phone: _____ Cell phone: _____

Email: _____ Alt/Text: _____

Emergency Contact: _____ Ph# _____

D.O.B/Age: _____ Grade student will be in during 2025 season: _____

Players are responsible for: Black football pants with pads or snaps & Red football socks. Football jersey/ Cheer uniform size information and fee will be collected at the parents meeting. Protective equipment (helmets, shoulder pads, mouth guard, etc.) will be provided by the league, and must be turned in at season's end. Players and Cheerleaders are required to purchase jerseys/ uniforms through the league! A copy of the player's birth certificate, required paperwork, and fee is required before they will be allowed to participate or play.

Games will be played on Saturdays and require travel. Please make prior arrangements for your child's transportation to and from each game. If you have any questions, please contact Chris Helms @ (870) 797-4069, or Lorena Martinez @ (870) 312-8939, or Taylor Hernandez @ (870) 820-3488, or email us at hermitageyouthsports@gmail.com. Deadline for registration is **July 25th 2024!! NO EXCEPTIONS!!** Thank You for your support

Hermitage School Athletic Club

HYSP Youth Sports

LIABILITY WAIVER

I _____ The parent/guardian of _____

Address being _____

DO understand that my child is NOT covered under the Hermitage School District liability/medical insurance policy. I will assume all liability for any injury to my child during his or her practices, transport by bus, coach, or persons to the games, during the games, and after the games. I hereby agree to indemnify and hold harmless the Hermitage School District, Hermitage Youth Sports Program, and coaches, both those under contract and volunteer, from any and all claims arising from my child playing for the Hermitage youth sports program.

Your signature on this **LIABILITY WAIVER** states that you do understand that YOU are responsible for using your own medical insurance and monies in the event that your child is injured in any form or fashion. Your signature also states that you understand that football, Baseball, Softball, Soccer, Basketball, and cheerleading are contact sports, and are allowing your child to participate At Their Own Risk of injury.

Parent/ guardian signature: _____

Date Signed: ____/____/____

PLEASE NOTE: Every child must have this waiver signed before being allowed to participate in any practices or games. NO EXCEPTIONS.