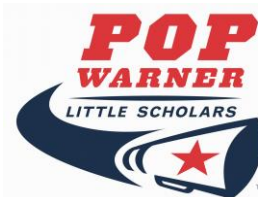


CFF Carolina Challengers

2017 Registration Form



Mail completed registration form and physician approval form to
CFF Challenger Division, 4500 Oak Park Rd., Raleigh, NC 27612 or scan and email to challenger@cff-popwarner.com.

For more information, e-mail challenger@cff-popwarner.com or call 919-349-6249.

A complete registration packet includes this registration form **and** the [two-page physical form](#). Registration for the Challengers is **free**.

Registering for: Flag Football Cheer Male Female

Athlete's LEGAL Name: _____ Goes by: _____

Date of Birth: ___/___/___ Age: ___ Primary disability: _____

Parent's/Guardian's Name(s): _____

Address: _____

City: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address(es): _____

Emergency Contact Person: _____

Home Phone: (____) _____ Cell Phone: (____) _____

School for 2017-2018: _____ Grade: _____

Uniform Shirt Size (check one):

Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL Adult XXL

Medications, dietary restrictions and allergies (please explain): _____

Would you like a Buddy provided? Yes No

You have my permission to use photos of my child in promotional materials. Yes No

How did you hear about the CFF Carolina Challengers? _____

RELEASE BY PARENT OR LEGAL GUARDIAN

I/we, the undersigned parent(s) or legal guardian(s) of _____, hereby give my/our consent for the above named child to participate in the activities associated with Pop Warner Little Scholars football and/or cheerleading programs during the 2017 season. I/we understand that while serious injuries are rare, they are possible. By my/our signature(s) below, I/we give consent for officials of the Consolidated Football Federation and/or its associations to obtain emergency medical treatment for the participant in my/our absence. I/we also understand that the CFF/its associations are required to provide Pop Warner or other accident insurance. HOWEVER, THIS INSURANCE IS SUPPLEMENTAL INSURANCE. I/we understand and agree that I/we are responsible for providing PRIMARY insurance. I/we hereby recognize that any noncompliance with any and all rules or regulations of Pop Warner Little Scholars or any of its member organizations may be cause for discipline and/or dismissal of my child/the participant, myself and/or any spectators or other persons affiliated with the undersigned and the above named participant.

SIGNED: _____ DATE: ___/___/___ Relationship to participant: _____

SIGNED: _____ DATE: ___/___/___ Relationship to participant: _____