



CHEERLEADING REGISTRATION

_____ Participant (First Name) _____ (Middle Name) _____ (Last Name)

REGISTRATION FEES

City of South Miami Residents- \$100 **Non-Residents- \$180**
(Proof of residency required, driver's license or utility bill)

CHECK LIST

- _____ Completed Registration Form Signed
- _____ Completed Waiver, Release & Indemnification Form Signed
- _____ Miami Extreme Physical and Medical Form Signed
- _____ Latest Copy of Report Card
- _____ Participant's Headshot Photo (must be a recent color photo)
- _____ Copy of Birth Certificate
- _____ Proof of Residency (South Miami Residents only)
(i.e. copy of driver's license; recent utility bill, vehicle registration)
- _____ Registration Payment

CITY OF SOUTH MIAMI

PARKS AND RECREATION DEPARTMENT

5800 SW 66 Street, South Miami, FL 33143

p: (305) 668-3876 **e:** parks@southmiamifl.gov **w:** southmiamifl.gov

OFFICE USE ONLY

- _____ All forms completed, signed, witnessed, etc.
- _____ Confirmation of birth certificate and age of participant.
- _____ Confirmation of residency with acceptable form(s) of identification.
- _____ Confirmation of address and phone numbers in RecPro.
- _____ Update household in RecPro if necessary.

_____ Name of Employee Accepting Application

_____ Date

YOUTH CHEERLEADING

By completing and signing this form, the applicant and all included family members agree to abide by all City and Departmental rules and regulations.

Participants Name:

Last: _____ First: _____ M: _____

D.O.B.: _____ Age: _____ Shirt size: _____ (youth/adult) Shorts size: _____ (youth/adult)

Address: _____ City: _____ St: _____ Zip: _____

Telephone: (Cell) _____ (Home) _____

School: _____ Grade: _____

Name of Parent / Guardian 1: _____ DOB: _____

Email: _____ Cell: _____

Name of Parent / Guardian 2: _____ DOB: _____

Email: _____ Cell: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Does the participant require assistance or special accommodation to participate in the chosen activity? ___ Yes ___ No

Explain: _____

Medical Conditions or Allergies? ___ Yes ___ No. Explain: _____

	Class	Age
<input type="checkbox"/>	MINI	4-7
<input type="checkbox"/>	PEE WEE	6-9
<input type="checkbox"/>	PREP	8-11
<input type="checkbox"/>	VARSIITY	11-14
<input type="checkbox"/>	PRO	12-15

PHOTOGRAPHY AND VIDEO RELEASE

I, _____, (Guardian) in consideration for allowing, _____,
(Parent/natural or legal guardian/or adult Participant) (Participant Name)

(Participant) to take part in the City’s programs and events, agree to the following:

- (1) The City, or its employees, agents or assigns, has the full irrevocable right to take still and moving pictures, including portraits, digital images, photographs or video, of the Participant, myself and my family or in which the we may be included (the Photographs) and use, publish, reproduce, edit, exhibit, license, distribute, or otherwise exploit the Photographs in whole or in part, including in any written material such as program guides, flyers, videos, and websites and appearing in any and all media (presently known or unknown) worldwide. However, the City's right to use the Photographs does not constitute an obligation to make use of this right.

- (2) On behalf of the Participant, myself, and my family,
 - a. I assign to the City all interest in the Photographs, including copyright. The Photographs and any associated negatives are the sole property of the City;
 - b. waves any right to Inspect or approve the Photographs; inspector or approve any text, graphics, images, or other content created in connection with or combination with the Photographs; or receive any royalties or other compensation related to the Photographic use other than the Participant’s participation in the City’s programs and events;
 - c. releases the City, its officials, officers, employees, agents and assigns, from any liability arising from the use of the Photographs, including that based on copyright infringement, invasion of privacy, right of publicity, libel, defamation or false light, or resulting from any alteration, blurring, optical illusion, used in composition form, distortion, or other modification that may occur, intentionally or otherwise, in connection with taking the Photographs, processing the Photographs, or the Photographic use.

- (3) Guardian hereby represents that Guardian:
 - a. Is a legal adult and has the full legal capacity to execute this release;
 - b. is either an adult participant, or the natural or legal guardian of the Participant, and has full authority to grant the consent on behalf of the Participant and Guardian’s family;
 - c. the rights granted under this released do not conflict with or violate any other commitment of the Participant, Guardian or Guardian’s family to anyone else;
 - d. has read this released before signing it and fully understands its contents meaning an impact

Participant’s Name (Printed)	Date of Birth	Participant’s Signature	Date
Guardian’s Name (Printed)	Guardian’s Signature		Date

ACADEMIC POLICY

_____ (Initial) I understand that **my child must maintain a 2.0 GPA, to participate in the Grey Ghost Youth Football program.** If my child drops below a 2.0 GPA I understand that they are not permitted to practice or play in games. **No exceptions.** We believe that this standard gives our participants a sense of responsibility and appreciation for academics and athletics that will help them develop later in life.

YOUTH SPORTS PROGRAM: CODE OF ETHICS

PARTICIPANTS

- I will encourage good sportsmanship from fellow players, coaches, officials, and parents at all times.
- I will remember that Youth Sport Programs are an opportunity to learn and have fun.
- I deserve to participate in an environment that is free of drugs, tobacco, and alcohol; and expect everyone to refrain from their use at all games and practices.
- I will do the best I can each day, remembering that all players have talents and weaknesses the same as I do.
- I will treat my coaches, and other players and coaches, game officials, other administrators and fans with respect at all times; regardless of race, sex, creed or abilities, and I will expect to be treated accordingly.
- I will play by the rules at all times.
- I will at all times control my temper, resisting the temptation to retaliate.
- I will always exercise self-control.
- Conduct during competition towards play of the games and all officials shall be in accordance with appropriate behavior.
- While traveling, players shall conduct themselves so as to bring credit to themselves and their team.
- Alcohol, illegal drugs, and unauthorized prescription drugs shall not be possessed, consumed or distributed before, during or after any game or at any time at any game or field complex.

Participant's Name (Printed)	Participant's Signature	Date
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PARENTS

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, game officials, and administrators at all times.
- I will place the emotional and physical well-being of the players ahead of any personal desire to win.
- I will support and not criticize the coaches, game officials and administrators working with my child in order to encourage a positive and enjoyable atmosphere for all.
- I will remember that the game is for the players; not for the adults.
- I will ask my child to treat the other players, coaches, game officials, administrators, and fans with respect.
- I will always allow the coach to be the only coach.
- I will not get into arguments with the opposing team's parents, players, or coaches.
- I will not come onto the field for any reason during the games.
- Alcohol, illegal drugs, and unauthorized prescription drugs shall not be possessed, consumed or distributed before, during, or after any game or at any time at any game or the field complex.
- I will refrain from any activity or conduct that may be detrimental or reflect adversely upon the City of South Miami's Youth Sports Programs, its members or its programs.

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I understand that the following is unacceptable behavior:

- Use of any type of profanity or abuse whether verbal, written, or electronically created.
- Use of any type of racial or ethnic slur and/or language.

- Abusive behavior toward a child (including striking and/or verbally abusing a child).
- Abusive behavior toward any parent, coach, spectator, volunteer, or official.
- Any type of threat, intimidating, or flagrant rudeness – either verbal or physical.
- Knowingly allowing a child to play that is ineligible (incorrect age, weight, etc.)
- Participants in any type of gambling at any event to include games, tournaments, or practices.

I understand that if I violate any of the guidelines listed, both I and my child will be removed from participation and suspended from participating in any City of South Miami activities indefinitely. By signing below, I acknowledge that I will abide by the guidelines mentioned.

Parent's Name (Printed)

Parent's Signature

Date

**WAIVER, RELEASE & INDEMNIFICATION
PROGRAM / ACTIVITY PARTICIPANT FORM**

Release, Waiver and Indemnification Agreement ("Agreement") for Participants
Program/Activity: 2021 South Miami Grey Ghost Cheerleading (hereinafter referred to as "activity")

Participants Name:

Last: _____ **First:** _____ **M:** _____

Today's Date: _____

Address: _____

City: _____ **Zip:** _____

Date of Birth: _____

Email Address: _____

PARENTS OR GUARDIANS, IF PARTICIPANT IS A MINOR (hereinafter referred to collectively with the participant as "Participant")

Parent or Guardian Name: Last: _____ **First:** _____

Relationship: _____

Home Telephone: _____

Alternate Telephone: _____

Emergency Contact Phone: _____

Physician's Name & Phone: _____

Medical Conditions: _____

**NOTICE TO THE MINOR CHILD'S
NATURAL GUARDIAN**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CITY OF SOUTH MIAMI USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF SOUTH MIAMI IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF SOUTH MIAMI HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.¹

The undersigned participant, or if the participant is a minor, the participant's parents or guardians whose name appear above or who have signed this Agreement, in consideration for participation in the Activity, voluntarily consent and agree that the above named participant may engage in the Activity under the conditions of this Agreement.

¹ 744.301 Natural guardians. —

By executing this document, the undersigned(s) further agrees to the following:

The Participant hereby **WAIVES ANY CLAIM** against the event or program Promoter, Sponsor, Instructor and City and their officials, officers, agents, affiliates, employees, successors and assigns and does hereby **COVENANT NOT TO SUE** any of them for any loss, injury, or damage to person or property arising out of the Activity referred to herein above and which is not caused by said person or entity's own negligence or intentional act or omission.

The Participant accepts and voluntarily incurs all risks of any injuries, damages, or harm which might arise during the Activity that is occurring on the City's property or during a City sponsored event due to the negligence or other fault of the Participant or anyone acting through or on behalf of the Participant.

The Participant shall indemnify, defend, save and hold City, its officials, officers, agents, affiliates, employees, successors and assigns, harmless from any and all damages, claims, liability, losses, claims, demands, suits, fines, judgments or cost and expenses, including reasonable attorney's fees, paralegal fees and investigative costs incidental there to and incurred prior to, during or following any litigation, mediation, arbitration and at all appellate levels, which may be suffered by, or accrued against, charged to or recoverable from the City of South Miami, its officials, officers, agents, affiliates, employees, successors and assigns, by reason of any causes of actions or claim of any kind or nature, including claims for injury to, or death of any person or persons and for the loss or damage to any property arising out of a negligent act, omission, misconduct, or intentional act or omission of the Participant, or anyone acting through or on behalf of the Participant, and arising out of this Agreement, incident to it, or resulting from or arising out of the Activity.

The Participant shall pay all claims, losses and expenses of any kind or nature whatsoever, in connection therewith, including the expense or loss of the City and/or its affected officials, officers, agents, affiliates, employees, successors and assigns, including their attorney's fees in the defense of any action in law or equity brought against them and arising from the negligent act, omission, misconduct, or intentional act or omission of the Participant, or anyone acting through or on behalf of the Participant, and arising out of this Agreement, incident to it, or resulting from or arising out of the Activity. The Participant has the duty to provide a defense with an attorney or law firm approved by the City, which approval will not be unreasonably withheld.

The Participant agrees and recognizes that neither the City nor its officials, officers, agents, affiliates, employees, successors and assigns shall be held liable or responsible for any claims, including the costs and expenses of defending such claims which may result from or arise out of actions or omissions of the Participant, or any of their agents, representatives, employees, or assigns, or anyone acting through or on behalf of the Participant, and arising out of or concerning the Activity or this Agreement. In reviewing, approving or rejecting any acts or omissions of the Participant, or any of their agents, representatives, employees, or assigns, or anyone acting through or on behalf of the Participant, the City in no way assumes or shares responsibility or liability for any of their acts or omissions.

Nothing contained in this Agreement is in any way intended to be a waiver of the limitation placed upon the City's liability as set forth in Section 768.28, Florida Statutes. Additionally, the City does not waive sovereign immunity, and no claim or award against the City shall include attorney's fees, investigative costs or pre-judgment interest.

The Promoter, Sponsor, Instructor and City and their officials, officers, agents, affiliates, employees, successors and assigns are hereby authorized to call my physician and/or to arrange for transportation to a hospital in the event of any injury to the participant. However, it is agreed that neither Promoter, Sponsor, Instructor and City and their officials, officers, agents, affiliates, employees, successors and assigns are responsible to do so.

In the event Participant is under the age of 18, both parents, or the legal guardians of Participant, consent and agree that the Activity named above, provides the Participant with an essential element of knowledge or life skill which may personally benefit Participant's development in society.

In the event that a court of competent jurisdiction determines that the Promoter, Sponsor, Instructor and City and their officials, officers, agents, affiliates, employees, successors and assigns can not totally limit their liability as provided in this Agreement, then the Promoter, Sponsor, Instructor and City and their officials, officers, agents, affiliates, employees, successors and assigns desires to enter into this Agreement only if in so doing the Promoter, Sponsor, Instructor and City and their officials, officers, agents, affiliates, employees, successors and assigns can place a limit on their liability as well as the liability of their officers, agents and employees for any claim for money damages arising out of the Activity, so that their liability can never exceeds the sum of \$1,000.00. Therefore, the undersigned, individually or as the parents or guardians of the Participant, hereby agrees, that in consideration for the participant being allowed to engage in the Activity, neither the Participant nor his or her parents or guardians shall have any right to recover any damages to property or for personal injury or death in an amount exceeding \$1,000.00 from the Promoter, Sponsor, Instructor and City and their officials, officers, agents, affiliates, employees, successors and assigns.

This Agreement shall be binding on all heirs, successors and assigns of the Participant, and the Participant's parents and guardians if the participant is under the age of 18 years.

All of the undersigned's have fully read, understood and agreed to each and every term contained in this Release, Waiver and Indemnification Agreement and they acknowledge by signing this Agreement that they have had an opportunity to have this document reviewed by an attorney of their choosing.

WITNESS SIGNATURE:

PARTICIPANT/PARENT OR GUARDIAN:
SIGNATURE (if participant is under the age of 18)

(PRINT NAME)

(PRINT NAME)

(SIGNATURE)

(SIGNATURE)

PARTICIPANT/PARENT OR GUARDIAN
SIGNATURE (if participant is under the age of 18)

(PRINT NAME)

(PRINT NAME)

(SIGNATURE)

(SIGNATURE)



Consent and Release from Liability Certificate for Sudden Cardiac Arrest and Concussion

Sudden Cardiac Arrest

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops owing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of sudden cardiac arrest include, but not limited to: sudden collapse, no pulse, no breathing. Warning signs associated with sudden cardiac arrest include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all preseason and regular season events as well along with coaches/individuals trained in CPR.

What to do if your student-athlete collapses:

1. Call 911
2. Send for an AED
3. Begin compressions

Concussions

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports-What You Need to Know" at www.nfhslearn.com. As well, I acknowledge optional educational opportunities in cardiac arrest at www.sportsafetyinternational.org. Please go to www.fhsaa.org/departments/health for further instructions to view the courses.

I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Miami-Dade Xtreme Youth Football League 2021 Physical Fitness & Medical History Form

Special Note: This form must be dated after January 1, 2021, and then submitted to the Miami-Dade Xtreme Youth Football League. No other forms are acceptable unless Section II is modified or substituted **ONLY** to comply with local and/or state laws or because of medical practitioner regulations (i.e. the medical practice insists on using their own form). In either case, Section I must be filled out entirely and attached to the modified/substituted form. Section II must be completed in its entirety **ONLY** by a Licensed State Examiner (medical doctor, nurse practitioner, etc.)

Section I: For Completion only by Parent/Guardian

Legal Name of Participant (must match birth certificate):

Last: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No: _____ Date of Birth: _____ Male ___ Female ___

Name of Primary Medical Insurance Company: _____

Policy Number: _____ Member Number: _____

Participant Medical History

- Are there any injuries requiring medical attention? Yes ___ No ___
- Are there any past surgeries or scheduled surgeries? Yes ___ No ___
- Is the participant currently under the care of a medical practitioner? Yes ___ No ___
- Is the participant currently taking any medications? Yes ___ No ___
- Does the participant have any allergies (penicillin, bee stings, etc)? Yes ___ No ___
- Does the participant have asthma/require the use of an inhaler? Yes ___ No ___
- Is the participant diabetic/require medication for diabetes? Yes ___ No ___
- Does the participant currently require medication? Yes ___ No ___
- Does/has the participant have/had seizures? Yes ___ No ___
- Does the participant wear glasses or contact lenses? Yes ___ No ___
- Does the participant wear a brace or other medical support device? Yes ___ No ___
- Does the participant have any other physical limitations? Yes ___ No ___
- Does the participant have any other medical conditions? Yes ___ No ___

If you answered yes to any of the above listed questions, please provide the number of the question and an explanation in the below listed space:

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of an injury, illness or accident and my child may not be cleared for

participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it's my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness, or accident.

Signature of Parent/Legal Guardian: _____

Print: _____ Relationship to Participant: _____

Dated: _____

Section II: This Section is to be completed only by a Medical Professional
(Please check the following if healthy or note otherwise):

Name of Participant: _____

Height: _____ Weight: _____ Eyes: _____ Ears: _____ Mouth: _____ Nose & Throat: _____

Respiratory: _____ Cardiovascular: _____ Neurological: _____ Musk Skeletal: _____

Dermatological: _____ Blood Pressure: _____

I hereby certify that I am a licensed State examiner and have examined the above named participant and understand that he/she will be involved in participating in cheerleading. I hereby swear and attest that the participant is physically fit and I have found no medical reason which would prevent the participant from safely participating in activities for the 2021 Season. Therefore, I am clearing the participant for athletic participation without any limitations.

Please complete the below listed section and place medical professional stamp:

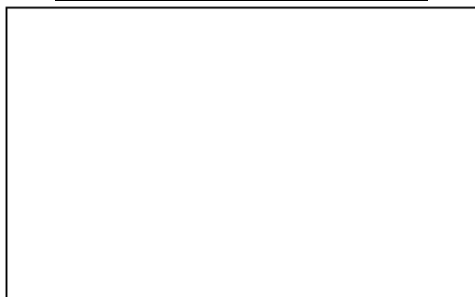
Medical Stamp Required Here:

Date: _____

Signed: _____

Print Name: _____

Please indicate medical profession (M.D., D.O. R.N., etc.) _____



Address: _____ City: _____ State: _____

Telephone: _____ Fax Number: _____

Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state). NO other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e. the medical practice insists on using its own form). In either case, Section I must still be filled out entirely and attached to the modified/substituted form.