

# SO. CHARLESTON Youth Football/Cheer SIGN-UP

South Charleston Community Center  
601 Jefferson Road  
South Charleston, WV 25309  
Phone: 304-744-4731

PLAYER/CHEERLEADER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE and BIRTH DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**The participant must reach the specific age on or before July 1<sup>st</sup> of the year that the regular season is to start.**

D Team (Ages 5-6) \_\_\_\_\_ C Team (Ages 7-8) \_\_\_\_\_

B Team (Ages 9-10) \_\_\_\_\_ A Team (Ages 11-12) \_\_\_\_\_

**ELIGIBILITY:** To be eligible to participate in the SC Youth Football League you must attend Elementary School in South Charleston.

**PARENT AUTHORIZATION:** I certify that my child is in good physical health and can participate in Youth Football. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Coach to secure proper treatment and/or hospitalize my child. I understand that the Kanawha Valley Youth Football League DOES provide SUPPLEMENTARY liability insurance in the event a participant does not have insurance coverage. In consideration of this registration, both the participant and parent/guardian each acknowledge that participation is at the participant's sole risk and each agrees to hold harmless the City of South Charleston, South Charleston Community Center, the League President and all employees and/or volunteers of said agencies.

\_\_\_\_\_  
Signature of Parent or Guardian

Please fill this form out along with the registration fee of \$45.00 for 1 child and \$30.00 for each additional child. *Make checks payable to the City of South Charleston.*

**\*Not endorsed by Kanawha County Schools.\***