

# *Millennium Development*

## Participant Information/Parent Consent Form

Date: \_\_\_\_\_

1) \_\_\_\_ Cheerleading

2) \_\_\_\_ Flag Football

Special Requests: \_\_\_\_\_

IMPORTANT NOTE: Millennium cannot guarantee registration will be placed on any requested team. Any player wishing to play in an older division must be evaluated and receive special dispensation from the league administration.

### *I. Participant Information:*

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Tel#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Gender: \_\_\_\_\_ # of years participating in sport: \_\_\_\_\_

### *II. Parents Information:*

**Division Head:** *Coach / Team Parent / Other* (Please circle one)

Guardian #1 (Relationship: \_\_\_\_\_) Guardian #2 (Relationship: \_\_\_\_\_)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel #: \_\_\_\_\_

Tel #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Business Owner: \_\_\_\_\_

### *III. Medical Conditions and History:*

1. List all past and present medical conditions, which may be relevant to sports

Participation: \_\_\_\_\_

2. Has participant had, or does he/she presently have, any of the following (check if Applicable):

\_\_ Orthopedic problems - specify: \_\_\_\_\_ \_\_ Asthma \_\_ Heart Murmur

\_\_ Allergies - specify: \_\_\_\_\_ \_\_ Poor Hearing \_\_ Poor Vision

3. Is participant currently taking medication? \_\_\_\_ Yes \_\_\_\_ No

If yes, what? \_\_\_\_\_ When/how often? \_\_\_\_\_

4. Does participant wear glasses? \_\_\_\_ Yes \_\_\_\_ No

PLEASE NOTE THAT **ONLY** PROTECTIVE SPORTS GLASSES CAN BE WORN.

5. Has any doctor placed RESTRICTIONS on participant's activity? \_\_ Yes \_\_ No

If yes, explain: \_\_\_\_\_

## ***WAIVERS AND CONSENT:***

1. **Medical Emergency Consent:** By signing this application, and allowing my child or ward to play, I understand and consent to emergency medical attention for the participant in the event it is warranted.
2. **Liability Waiver:** By signing this application, I understand and agree to hold Millennium Development, its members, officers, employees, volunteers, officials, and workers, the NYC Dept. of Parks and Recreation, and the NYC Dept. of Youth and Community Development harmless, and not responsible in the event of injury, illness, death, property damage, and from any and all actions, causes of action, claims, demands for damages, loss or injury howsoever arising which may be sustained. I also agree to be present at practices, games, and special events hosted by the league. The league requests parents to be present at all activities and provide transportation.
3. **Risk of Injury:** I understand that there is a risk of injury in baseball/softball, soccer, hockey & football, and while rules, guidelines, equipment, precautions, and personal discipline may reduce this risk, they cannot completely eliminate this risk. As such, I understand that the risk for injury, possibly serious injury, does exist, and by signing this application and allowing my child or ward to play, I assume all such risks, those known as well as those unknown to me right now.
4. **Photos:** Also by signing this application, I give Millennium Development/BBYO permission to display my child's photo on their WebPages ([www.milldev.org](http://www.milldev.org), [www.bbyosports.com](http://www.bbyosports.com)), in local newspaper, community presentations, and at the sports complex, for the purpose of non-fee advertisement for our sports program. I also give permission for my child's photo to be taken for ID purposes.
5. **NOTICE OF FILING OF INSURANCE INFORMATION:**  
Information pertaining to your child's health or medical insurance will be kept on file:  
Name of Insurance Carrier: \_\_\_\_\_
6. Parent participation is highly encouraged by all families. As a representative of my family and guardian, I will support the NYC Model Code of Conduct at all times as my signature confirms my families acknowledgement.

\*\*Families that do not have an insurance policy must state so by writing "none" on the "Name of Insurance Carrier" line and must initial next to it. \*\*

I have filled in the information above to the best of my knowledge

I understand and agree to the above:

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

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## **NOTICE OF PROTECTIVE GEAR/EQUIPMENT:**

It is the responsibility of players/parents to purchase and make sure participants wear the following at all times.

### **FLAG FOOTBALL:**

**MANDATORY:** Rubber sole cleats, Cups and supporters for boys, Mouthpiece

**OPTIONAL:** Elbow Pads & Knee Pads