



CTC PROGRAM REGISTRATION FORM 20_____

CURRENT INDOOR TRAINING FACILITY: Lincoln Business & sports Park *121 LINCOLN AVE*ROCHESTER *NY*

PLAYERS FULL NAME: _____

NICKNAME _____ AGE _____ DOB _____ GRADE _____

CURRENT SCHOOL ATTENDING _____ CURRENT SPORTS/ ACTIVITES OR CLUB INVOLVEMENT _____

SHIRT SIZES M L XL XXL height # _____ weight# _____

PLAYERS EMAIL ADDRESS (IF APPLICABLE) _____

PARENT(S) NAME _____

PARENT (S) EMAIL ADDRESS _____

H: _____ - _____ - _____ C: _____ - _____ - _____ OTHER _____ - _____ - _____

PARENT(S) PREFERRED METHOD OF CONTACT: EMAIL TEXT ADDRESS _____

CITY: _____ NY, ZIP _____

EMERGENCY CONTACT _____ PHONE# _____

CURRENT MEDICATIONS: Y/N GLASSES/CONTACTS: Y/N SURGERIES Y/N (list on medical authorization form)

ALLERGIES: Y/N IF YES: REACTIONS _____

PREVIOUS FOOTBALL Y/N OFFENSIVE POS _____ DEFENSIVE POSITION _____

- 1st month payment of 65.00 is due at the time of registration & monthly dues will be due 4 weeks from sign up date •
- Payments accepted: cash /credit*/debit*/money order & personal check**
- *please be advised that the is a \$5 merchants fee for use of debit/credit cards
- ** Please make money order/ checks out to CTC
- ** PLEASE BE ADVISED THERE IS A \$50 RETURNED CHECK FEE

Greg Hopkins CEO/Head Coach (ghopkins@ctc4change.com)



General Permission Slip

I / We give permission for my child _____ to attend all CTC athletic events, including 7v7 football, practices, training events, workouts, college tours and travel.

I / We further give permission for my child _____ to participate in all supervised activities except as noted below:

Signature of Parent/Guardian: _____

Date: _____

Printed Name of Parent/Guardian: _____

Printed Name of athlete (if not a minor): _____

Signature of athlete (if not a minor): _____

Date: _____





Photography consent release form:

I / We (print name) _____, hereby grant permission to **CTC – CHANGING THE COMMUNITY** of Rochester NY permission to take /use: photographs, and or digital images of _____ for use in news releases, and or education materials. These materials may include printed or electronic publications, web sites, etc. I further agree that my name/ and identity be revealed in descriptive text in connection with said images without compensation to me. All negatives, prints, and digital reproductions shall be the property of **CTC- CHANGING THE COMMUNITY**.

Signature: _____ DOB: _____ Date: _____

RELEASE FOR MINOR CHILD (UNDER 18)

I/We (print name) _____, the parent/guardian of

(Childs name) _____ DOB _____

Agree to the above stated terms.

Signature _____ date: _____



Training/Liability Waiver

Changing The Community (CTC) acknowledges that care will be taken to avoid any problems, accidents or incidents however: in consideration for participation into the coaching & training program, including any travel/activities, I hereby do release discharge and agree to hold harmless said organization, employees, coaches and volunteers against any liability claims, personal injury, sickness, or death as well as property damages/expense of any nature what may occur while the athlete is participating in any field trips and/or activities.

The undersigned further consents to the administration of basic first aid and/or any form of medical treatment necessary due to illness or injury. In the event that such care is obtained the undersigned agrees to hold harmless CTC; its employees, coaches and volunteers from any acts of negligence on behalf of the participant.

Athlete's Name _____ DOB: _____

Athlete's Signature (if not a minor) _____ DATE: _____

Parents/Guardian Name (if minor) _____

Parents/Guardian Signature _____ DATE: _____

List of all medications, Allergies or Current health issues;

Any Additional instructions/comments as it relates to treatment/health of the athlete;



Medical Treatment Authorization and Consent

The undersigned agrees to authorize Changing The Community (CTC) and its employees, coaches, volunteers and trainers to consent to any X-ray, anesthetic, medical, dental or surgical diagnosis or treatment and for hospital/urgent care for the above-named minor which is deemed medically necessary under the care of physician/surgeon licensed under the Provision of Medical Practice Act or any dentist under the Dental Practice act.

I declare that I/ my athlete(if minor) is physically fit and have the skill level required to participate in this program and any such activities, I further authorize medical treatment at my cost if the need arises. I agree that before I/my athlete(if minor) participate in any portion of the program I will inspect the related facilities and equipment and will immediately advise of any unsafe conditions that I observe and will refuse to participate if I/my athlete(if minor) are deemed unsafe by me

Athlete's Name _____ DOB: _____

Address _____ PHONE: _____

Athlete's Signature (if not a minor) _____ DATE: _____

Parents/Guardian Name (if minor) _____

Parents/Guardian Signature _____ DATE: _____

Parents/Guardian Address (if different from athlete) _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone(list 2): _____

Insurance Carrier _____ Policy # _____

Family Physician _____ Phone: _____

Physician Address _____

Witness(print/sign) _____ DATE: _____

This form is for those situations where minors are unaccompanied by either parent or guardian. This form gives authority to Changing The Community (CTC) to arrange medical care in the event of an emergency and the parents/guardian cannot be reached. This is extremely important to have on file in that medical care cannot be provided without written approval.