

CHANNELVIEW COWBOYS YOUTH SPORTS

OFFICIAL REGISTRATION FORM
YOUTH FOOTBALL PLAYERS AND CHEERLEADERS
PARTICIPANTS INFORMATION
2025 SEASON |]SPRING CAMP |]FALL SEASON

TODAY'S DATE _____

TEAM DIVISION LEVEL:

- ☐] CHEER
- ☐] FRESHMEN 4-6 YRS
- ☐] SOPHOMORE 7-8 YRS
- ☐] JR. VARSITY 9-10 YRS
- ☐] VARSITY 11-12 YRS

CHILD'S NAME (First, MI, Last) _____

AGE ON JULY 31, 2025 _____ CHILD'S DOB: _____

HOME ADDRESS _____

CITY/ STATE/ ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS _____

PARENT/GUARDIAN CONSENT

I certify that I am the legal parent or guardian of the above-named applicant. All the information provided on this form is correct. To the best of my knowledge, he/she can withstand the rigors of football and cheerleading activities. I give my approval to my child to participate in the upcoming season and therefore solve indemnity and agree to hold harmless, the Channelview Cowboys Youth Sports, staff participants, volunteers, coaches, its sponsors, Channelview ISD, GPISD, EUL, and any other persons and entities involved in the Channelview Cowboys operations

PARENTAL MEDICAL TREATMENT AND AUTHORIZATION

In the event of injury to the named child above, I hereby grant authority to a qualified physician to render medical treatment as said physician deems necessary under the circumstances and I assume all cost thereof. I agree to hold harmless the Channelview Youth Sports, staff, participants, volunteers, coaches, sponsors, Channelview ISD, GPISD, EUL, and any other persons and entities involved in the Channelview Cowboys operations.

PARENT/GUARDIAN NAME (PRINTED) _____

Parent/Guardian Signature* _____ Date _____

MY SIGNATURES ABOVE INDICATE MY UNDERSTANDING AND ACCEPTANCE OF ALL INFORMATION ON THIS FORM.

* MUST BE SIGNED BY PARENT AND/OR GUARDIAN.