



South Carolina Spartans 2023 Registration

Name of Participant: _____ Date of Birth: _____

Player's e-mail: _____

Player's Cell: _____ Home Phone: _____

Address: _____

Father's Name: _____ Cell: _____

Email: _____

Mother's Name: _____ Cell: _____

Email: _____

Player Information

List any allergies: _____

List any medical conditions and explain: _____

Weight: _____ Height: _____ Shorts Size: _____ Shirt Size: _____

(Weight, Height, Waist size for Football Only).

(Please add a "Y" if needing a youth size)

Weight lifting statistics (optional): _____

Participation in other sports: _____

Please list any sports/events which may affect participation during the upcoming season.

Dates/times: _____

Dates/times: _____



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Eligibility – In order to participate on the **South Carolina Spartans** (doing business as the Carolina Crusaders Youth Sports Inc. CCYSI) Football team, participants must meet the following requirements.

- 1) Participant must not turn 19 years of age prior to May 1st.
- 2) Participant must be currently homeschooling, or attending a private or charter school, and show proof of current enrollment. (Other students accepted on a case by case basis.)
- 3) Participant must be in the care of a responsible adult or legal guardian.
- 4) Participant may not attend college full-time, unless part of a dual enrollment program.
- 5) Participant may not be employed full-time (40 hours/week)
- 6) Participant must maintain compliance with their school's attendance policy or comply with South Carolina regulations for homeschool students.

Insurance Company: _____

Name of Insured: _____

Relationship to Participant: _____

Policy No: _____ Member No: _____

Phone number for insurance company: _____

Emergency Contact: If contact can not be made with a parent please list an alternate emergency contact:

Emergency Contact Name: _____ Number: _____

By completing and signing this form you are acknowledging that your participant fulfills all of the above requirements and the insurance information is accurate. You acknowledge that Registration is not final until all required forms are turned in and signed.

Player Signature

Parent or Guardian Signature

Player Printed Name

Parent or Guardian Printed Name

Date

Date



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In consideration of being allowed to participate in any way in the **Pioneer Football League** and on the **South Carolina Spartans** (doing business as the Crusaders Youth Sports Inc. CCYSI) football team, in any related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for minor, major and life-threatening injuries, while particular rules, equipment, and personal discipline may aid in reducing the risk, the potential risk of serious and life-threatening injury does exist: and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, **the Pioneer Football League, South Carolina Spartans** (doing business as the Carolina Crusaders Youth Sports Inc. CCYSI) football team, any coach, team member or team volunteer as well as any officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lesser of premises used to conduct any event or practice, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, LIFE THREAT, OR THE LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature

Date Signed

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release, agree to indemnify and hold harmless the above Releases from any and all liabilities incident to my minor child's involvement of participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Father/Guardian Signature

Date Signed

Mother/Guardian Signature

Date Signed

Participant Name Printed: _____