



CHERRY HILL EAGLES YOUTH DEVELOPMENT

Registration Requirements

Join the Cherry Hill Eagles Spring/Fall Sports Programs. We are looking for kids between the ages of 4-14 to be a part of our football league. Our spring programs run from February to June and our fall programs run from July through December. Come and be a part of a dynamic organization!

Registration Requirements:

1. Ages 4-14.
2. Signed Cherry Hill Eagles registration/wavier form.
3. Signed Waiver/Release for Communicable Diseases Including COVID-19.
4. Cherry Hill Eagles Fall Football early registration fee is \$125.00 (**non-refundable**). Registration fee is \$150.00 after June 1st. **Kids will NOT receive uniforms until registration fees are paid in full.**
5. A signed medical physical form (from your health care provider) or you can pay \$5.00 and we will provide one signed by a Registered Nurse.
6. Maryland State I.D. (can be obtained from the MVA for \$20.00 and will be valid for five years).
7. Signed league packet.
8. Report Card.

Practice locations, days and times:

*Middle Branch Fitness & Wellness Center
201 Reedbird Ave, Baltimore, MD 21225*

Days & Times: TBD

Boys and Girls Mentorship Program (Ages 6 – 18)

Thank you for your participation!

For question: Contact one of our staff listed below.

Follow us on Instagram  @cherryhilleaglesorganization
Website: cherryhilleaglesyouthdevelopment.com

President
Raheem Brown
cherryhilleaglesfoundation@gmail.com

Vice President
Dana Smith
dvsm_llc@yahoo.com



CHERRY HILL EAGLES YOUTH DEVELOPMENT

Participant Information

Name: _____ Nickname _____

Date of Birth: Month _____ Day _____ Year _____

Age: _____ Gender: _____ Grade: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Parent/Guardian Information

First & Last Name: _____

Email: _____

Cell/Home Phone: _____

Emergency Contact Information

(1) First & Last Name: _____

Relationship: _____

Cell/Home Phone: _____

(2) First & Last Name: _____

Relationship: _____

Cell/Home Phone: _____

Does the child have any allergies, chronic illness, or medical conditions: If yes, please describe:

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Cherry Hill Eagles Foundation, Inc.

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of the Cherry Hill Eagles Foundation, Inc. athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death 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 my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or 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 (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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

Name of participant: _____

Participant 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, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

Note: This is a sample waiver form only. Final wording should be directed by the insured's legal counsel but must observe the principles represented within the above. The signed waiver/release should be kept on file by the sports organization for at least 7 years and possibly longer if the player has contracted a serious illness.



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Cherry Hill Eagles **Informed Consent and Acknowledgement Form**

I hereby assume all the risk of my child participating in any/all activities associated with the Cherry Hill Eagles Organization. I waive, release and discharge Cherry Hill Eagles Organization from any and all liability. I assume all risk and hazards incidental to the conduct of the activities due to the sports and release Cherry Hill Eagles Organization from any liability and all its respective officers, agents and representatives from any and all liability injuries that may arise out of traveling to events and/or participating in events and/or returning from events.

I also agree to pay for any lost or stolen equipment.

I hereby consent to receive medical treatment and waive all claims against the Cherry Hill Eagles Organization, including all coaches and affiliates, participants, sponsoring agencies, advertisers, and if applicable owners and lessors of premises used in conducting any events. There is a risk of being injured that is inherent in all sports activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death. I further understand that while participating in activities my child may be photographed. I agree to allow my child photo, video or film to be used for any legitimate purpose by the Cherry Hill Eagles Organization.

Parent or Guardian Signature: _____ **Date:** _____

Childs Signature: _____ **Date:** _____

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