



# Coatesville Kid Raiders (CMFL) Registration Form

[www.coatesvillekidraiders.com](http://www.coatesvillekidraiders.com)

PROGRAMS & REGULAR FEES:     TACKLE FOOTBALL \$250     FIELD CHEER \$175     FLAG PROGRAM \$25

\*\*\*EARLY REGISTRATION DISCOUNT IS \$25 PER PARTICIPANT EXCEPT FLAG\*\*\*  
**EARLY REGISTRATION ENDS MAY 31<sup>st</sup>.**

MAKE CHECKS PAYABLE TO CMFL (\$30 fee for returned checks)  
 REGISTRATION INCLUDES: League Fees, Insurance, Practice Jersey & Game Uniforms, Helmets, Shoulder Pads,

**\*\*\*ORIGINAL BIRTH CERTIFICATES ARE REQUIRED FOR ALL FIRST YEAR PLAYERS/CHEERLEADERS 7YRS & OLDER\*\*\***

**Participant Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade (FALL 2024): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age by 7/31 \_\_\_\_\_  
(CURRENT YEAR)

**Insurance Information:**

Insurance Carrier Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Issues: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name #1: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Photo Waiver:** Consent to use my child's image/photograph(s) on the CMFL/CKR website or other publications.

The undersigned parent or guardian, on behalf of both parents and any other guardians and collectively with the youth named in the form, hereby grant for the youth's participation in all activities of CKR Sports Program and also assume responsibility for all risks and hazards incidental to the youth's participation including travel to and from activities. The undersigned waives, releases, absolves, indemnifies and agrees to hold harmless CKR, its coaches and administrators, its sponsors, and persons providing transportation for youth's travel to and from and activity, for any claim or liability arising out of an injury to the youth or any loss suffered directly or indirectly while participating in or traveling from an activity of CKR.

**\$25 will be deducted per registration for refunds BEFORE August 1st.**  
**There will be no refunds granted AFTER August 1st.**

I/we have read and understand the above statements:

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only: Payment Plan: \_\_\_\_\_ Fees Paid: Cash \$ \_\_\_\_\_ Money Order \$ \_\_\_\_\_ Check # \_\_\_\_\_