

EMC Football/Cheerleading Athlete Membership Form

Full Name: _____

Position(s): _____

Date of Birth: _____

Parent/Guardian

Name: _____

Phone#: _____

Email: _____

Mailing Address: _____

Emergency Contact: _____

Emergency Contact Phone# and Email: _____

Photo and Video Waiver

I give EMC permission to use photos and videos of the participating athlete on EMC Website, in EMC Publications, and Social Media.

Parent/Guardian Signature _____ Date _____

Member Athlete Signature _____ Date _____