

COVERAGE VS. ROUTES ® INTAKE PACKET

1. Student-Athlete Information

First Name: _____

Last Name: _____

Date of Birth: _____

Age: _____

Grade: _____

Address: _____

Phone Number: _____

Email: _____

2. Legal Guardian Information

First Name: _____

Last Name: _____

Address: _____

Phone Number: _____

Email: _____

First Name: _____

Last Name: _____

Address: _____

Phone Number: _____

Email: _____

3. Emergency Contact Information

First Name: _____

Last Name: _____

Relationship: _____

Phone Number: _____

4. Health Information

Medical Conditions: _____

Allergies: _____

Physical Limitations: _____

5. Assumption of Risk

By participating in CVR (COVERAGE VS. ROUTES ®) off-season football training and 7 on 7 football team program, you acknowledge and accept the inherent risks associated with football and related physical activities. These risks include but are not limited to: sprains, strains, fractures, and other serious injuries. You agree to participate at your own risk and understand that CVR (COVERAGE VS. ROUTES ®) and its staff are not liable for any injuries sustained during training or competitions.

Please print first/last name, provide a signature, and date which will indicate that you understand and agree with the risks.

Student-Athlete

Legal Guardian

6. Medical Clearance

Each student-athlete is required to be under CVR (COVERAGE VS. ROUTES ®) medical insurance policy. CVR (COVERAGE VS. ROUTES ®) is insured through K&K Insurance. It's additional medical insurance on top of your primary insurance policy

It is strongly recommended that all student-athletes undergo a medical examination and obtain clearance from a qualified healthcare provider before participating in any physical activities with CVR (COVERAGE VS. ROUTES ®) This includes ensuring that all medical conditions, allergies, and physical limitations are disclosed to the coaching staff for proper accommodations and safety precautions.

7. Media Consent

I, _____
authorize CVR (COVERAGE VS. ROUTES ®) to interview, photograph, make visual or audio recordings of me and/or my child for informational and social media purposes.

This permission given by me, is subject to the following restrictions and/or limitations (If any):

Please print first/last name, provide a signature, and date which will indicate that you understand and provide consent.

Student-Athlete

Legal Guardian

8. Code of Conduct

- Safety: Prioritize safety and adhere to all safety protocols.
- Respect: Treat coaches, teammates, opponents, officials, and fans with respect.
- Sportsmanship: Display sportsmanship and integrity both on and off the field.
- Discipline: Follow instructions from coaches.
- Accountability: Take responsibility for your actions and decisions.

9. Waiver and Release of Liability:

By signing this waiver, you release CVR (COVERAGE VS. ROUTES ®), its staff, coaches, volunteers, and affiliated partners from any and all liability for injuries, damages, or losses that may occur during participation in CVR (COVERAGE VS. ROUTES ®) off-season football training and 7 on 7 football team program. You acknowledge that participation is voluntary and that you assume all risks associated with participation.

Please print first/last name, provide a signature, and date which will indicate that you understand and agree with the risks.

Student-Athlete

Legal Guardian

10. Parent/Legal Guardian Consent (if under 18):

I, the undersigned parent/legal guardian of the student-athlete, hereby consent to his/her participation in CVR (COVERAGE VS. ROUTES ®) off-season football training and 7 on 7 football team program. I have read and understood the contents of this packet, including the assumption of risk, medical clearance, code of conduct, and waiver and release of liability.

Please print first/last name, provide a signature, and date which will indicate that you understand and agree with the risks.

Legal Guardian

11. Acknowledgment:

I have read and understood the contents of this intake packet, including the assumption of risk, medical clearance, media consent, code of conduct, waiver and release of liability and parent/legal guardian consent (if applicable). I agree to abide by the rules and guidelines set forth by CVR (COVERAGE VS. ROUTES ®).

Please print first/last name, provide a signature, and date which will indicate that you understand and agree with the risks, rules, and guidelines.

Student-Athlete

Legal Guardian

11. 7 on 7 Uniform Size (Select by underlying your choice for both tops and bottoms)

Tops

- Adult Small
- Adult Medium
- Adult Large

Bottoms

- Adult Small
- Adult Medium
- Adult Large

12. Contact Information:

- **Founder/Head Coach:** Carlos I Lemus
- **Phone Number:** 209-425-2124
- **Email:** coveragevsroutes@gmail.com
- **Website:** coveragevsroutes.com
- **Social Media:** @coveragevsroutes