Carolina Bearcats Football

2026 FOOTBALL REGISTRATION FORM

8TH____ 9TH_____ 10TH_____ 11TH_____ OTHER___

REGISTRATION FEE $350 **(please provide a copy of Birth Certificate and any Picture ID)**

PAYMENT METHODS: Check payable to : Carolina Pride Football CASHAPP: $Carolinabearcats

LAST NAME	**FIRST NAME**	**M.**	**BIRTHDATE**
CELL	**EMAIL**		**POSITION**
( )			
NAME OF SCHOOL ATTENDING:			
MAILING ADDRESS	**CITY**	**STATE**	**ZIP CODE**
MOTHER/LAST NAME	**FIRST NAME**	**CELL**	
		( )	
EMAIL			
FATHER/LASTNAME	**FIRST NAME**	**CELL**	
		( )	
EMAIL			

NOTE:

***ALL COMMUNICATION WILL BE THROUGH TEAM REACH -WEBSITE-SOCIAL MEDIA**

**ALL REGISTRATION ITEMS MUST BE COMPLETED TO BE ALLOWED TO PLAY AND PARTICIPATE IN TEAM EVENTS OR GAMES*

** A COPY OF A PHOTO ID OR BIRTH CERTIFICATE IS REQUIRED TO PARTICIPATE IN ALL GAMES*

**ALL PLAYERS WILL BE REQUIRED TO GET THERE OWN PROTECTIVE GEAR AS NEEDED*

**ALL FEES MUST BE PAID IN FULL TO PARTICIPATE IN GAMES*

**IF YOU HAVE A SPORTS PHYSICAL COMPLETED FROM THE FALL PLEASE EMAIL A COPY TO:*

COACHTONY@CAROLINABEARCATS.COM AND/OR CAROLINABEARCATS@GMAIL.COM

**MISSING PRACTICE WILL RESULT IN YOU NOT BEING ABLE TO PARTICIPATE IN GAMES UNLESS PREVIOUSLY APPROVED BY HEAD COACH*

**YOU WLL BE REQIRED TO HAVE YOUR OWN BLACK SHORTS & TEAM SHIRT FOR ALL TEAM ACTIVITIES.*

**GAME JERSEY AND PANTS WILL BE ISSUED AT GAMES.*

PLEASE POST AND TAG US IN ANY SOCIAL MEDIA WITH TEAM ACTIVITIES

FACEBOOK

CAROLINA BEARCATS FOOTBALL

INSTAGRAM

CAROLINABEARCATSFOOTBALL

WEBSITE

WWW.CAROLINABEARCATS.COM

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____

ATHLETIC DIRECTOR BRYCE FRIESZ 704-575-3956 carolinabearcats@gmail.com

CO-AD/COACH TONY RAVENELL 704-224-3343 coachtony@carolinabearcats.com

2026-2027 Liability/Insurance Agreement/Refund Policy

I hereby waive and absolve the Carolina Bearcats and all persons, affiliated with or working with, or for the league, thereof, of any and all liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during the participation in camps, clinics, private coaching, weightlifting, and or any other activity related activity by my child.

In consideration of my signed release allowing my child to participate in a Carolina Bearcat football activity, I, intending to be legally bound, do hereby, my heirs, executor, and administration, waive, release and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against the Carolina Bearcat, directors, coaches, representatives, volunteers and/or assignee, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or arising out of travel to and/or from respective activities. In the event of injury / accident / sickness, the Carolina Bearcat directors and/or coaches are to contact the designated adult listed at the end of the registration forms.

I, the undersigned, certify that I understand that I cannot file for reimbursement of medical expenses on behalf of my child or ward under League provided insurance until after I have paid the deductible amount, and my personal insurance and/or any other institutional insurance has first been paid whatever insurance amounts are appropriately due under these policies.

I, the undersigned, as the parent or guardian of a registered Carolina Bearcat participant, hereby agree that all registration and other fees I have paid to the Carolina Bearcat are not subject to refund or return unless the season is cancelled due to unforeseen reason. However, the board will consider written requests due to financial hardships or family relocation. Any approved refunds requested prior to ANY equipment being issued are subject to a $ 100 administrative fee. Any approved refunds requested after any piece of equipment has been issued will be subject to a $ 100 administrative fee. No refunds will be considered or issued until 100% of issued equipment has been returned. On approved refunds, a donation receipt will be available upon request for Non-Refunded Fees.

Parent, Guardian or Responsible Party Signature: _____Date: ____/____/__

Participant Signature: _____Date: ____/____/__

Consent for Treatment and Grant of In Loco Parent Status

Participant Name: _____

I provide the Carolina Bearcats staff and attending trainer(s) to treat my student athlete during any practice or game. If EMT is required to be called, I provide the team the consent to do so.

Any medical condition an attending physician or EMT should know about in rendering First Aid or Emergency Treatment (list)

_____ _____
_____ _____
_____ _____

List of Allergies:

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

Required Medication(s): _____

Parent or Guardian Name: _____

Parent or Guardian Phone: _____

Date: _____

Parent, Guardian or Responsible Party Signature: _____

NOTE: Parents, Guardian or Responsible Party will be notified in case of serious injury or illness as quickly as they can be reached, but this form will make immediate treatment possible.

Participant and Parents Code of Conduct

1. I understand and agree that my education is my first and foremost responsibility and that I must maintain a Grade Point Average that meets the expectations of my school, my family and myself.
2. I will play any position assigned to me and will do my very best for my team at all times.
3. I will always play the game hard and cleanly, in a true sportsmanship like manner with never any intent to harm any opposing player.
4. I will participate in a moment of prayer before practice and games with my coaches and teammates.
5. I will treat my coaches, teammates, parents, teachers, guardians and any other individual I may come in contact with respect at all times on or off the playing field.
6. I will do whatever my coaches ask me to always do to the best of my ability.
7. I will refrain from the use of drugs, alcohol and tobacco on or off of the playing field and understand that any violation of this agreement can and will result in suspension from the team.
8. I understand that a team sport requires my attendance at all practices, games and social gatherings. I will make the commitment to my coach and teammates to be in attendance and to notify my coach if, for any reason, I am unable to attend any scheduled event. I will be on time for all team events.
9. I will not in any way damage, or deface property, buildings or equipment.
10. I will abide by the decisions of the game officials and will not create any un-sportsmanlike behavior or gestures.
11. I will always act as a gentleman (or lady as appropriate) and refrain from any foul or questionable language.
12. I will inform my coach of any injuries I may sustain on or off the football field.

Agreement Concerning Exposure to, and Requirement for, Adherence to Christian Behavior and Principles at Practices and Competitions by Participants.

l, the undersigned, agree to the following terms of participation and attendance at Carolina Bearcat events as a participant, parent, guardian, responsible party and/or spectator without any purpose of evasion or mental reservation: I certify that I will, to the best of my ability, conduct myself in accordance with the behavior expectations established in the League's constitution, by-laws, policies and procedures and the League code of conduct to which I have ascribed.

Participant Signature: _____ Date: ___/____/___

Parent/Guardian Signature: _____ Date: ___/____/___

Rev. 05/2025