



Londonderry Youth Football & Cheerleading 2009 Fall Season Registration



Note: The ★ fields need you attention to accuracy and completeness – Thank you

Today's Date: _____ Registration #: _____

Registration for: Football Cheerleading (Please circle one)

★ Child's Name: _____

★ Date of Birth: _____ ★ Grade Sept 2009: _____ ★ Weight: _____

Football Played Before: NO YES Years: _____ Where/Level: _____

Cheer Cheered Before: NO YES Years: _____ Where/Level: _____

Tumbling Skills: _____

Child lives with: BOTH MOTHER FATHER OTHER

★ Parents/Legal Guardian: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

★ E-Mail Address: _____

Child's Physician: _____

Address: _____ Phone #: _____

Emergency Contact (Someone other than parents or legal guardian)

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Volunteer Opportunities (Please Circle Three):

- | | | |
|----------------|------------------------|-----------------------------------|
| Board Member | Game Day/Playoffs | Wildcat Wares Store Volunteer |
| Cheer Coach | Field Set Up | Old Home Days |
| Football Coach | MPR | Texas Hold'Em Events |
| Team Parent | Golf Tourney Committee | Cheer Competition Committee |
| Chains | Concession Committee | Interest in being an LYFS Sponsor |

PLEASE COMPLETE THE REVERSE SIDE

I. PARENTAL CONSENT

I, the parent/legal guardian of _____, a candidate for a position on a Londonderry Youth Football/Cheerleading team, do hereby grant permission for his/her participation in any and all team activities including out of state travel.

II. RELEASE FROM LIABILITY

I understand that there are risks and hazards incidental to participation on a Football/Cheerleading Team. I agree to assume all such risks and hazards, including transportation to and from the activities. I do hereby waive, release, absolve, indemnify, and agree to hold harmless Londonderry Youth Football and Spirit (Londonderry Wildcats), NHYFSC, NEJHFL the local association, the Officers, Directors, Sponsors, Volunteers, Participants, and Persons transporting my Child to and from any and all team activities, for any claim arising out of an injury to my child, for or as a result of any cause.

III. SCHOLASTIC FITNESS

I am of the opinion that my Son/Daughter/Ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my Son/Daughter/Ward's last year's complete report card or a written statement of scholastic fitness from the school administration.

IV. MEDICAL RELEASE

Because your child is involved in an active sport, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur at Team Functions, Practices or at Games, both home and away (possibly out of state). **WARNING:** Football is a contact sport and may result in injury.

I hereby grant permission to members of Londonderry Youth Football and Spirit to administer First Aid, Secure proper treatment and/or hospitalize my Son/Daughter/Ward in the case of emergency, provided they are unable to communicate with me, and according to their best judgment.

I HAVE READ, UNDERSTOOD, ACCEPTED AND AGREED TO THE ABOVE:

Signature Parent/Legal Guardian & Date

Print Parent/Legal Guardian Name