



## 2017 Tackle Football Summer Camp Registration Form

**\*\*\* You may "Register ONLINE" instead at [www.portlandyouthfootball.com](http://www.portlandyouthfootball.com) \*\*\***

**August 21st – August 23rd, 2017 5:30pm–7:30pm Lyman Moore Fields**

WHEREAS, **PORTLAND YOUTH FOOTBALL**, a nonprofit youth sport organization, has through uncompensated volunteer staff members, sponsors and coaches, organized a football program for Greater Portland youngsters in Grades 2-6; and WHEREAS, the undersigned, representing her or himself to be the custodial parent or legal guardian of (child's name) \_\_\_\_\_, a minor, has full understanding that football is a physical athletic activity, and desires said minor child to participate in the program. NOW, THEREFORE, in consideration of the mutual covenants herein contained and to accomplish a sound working relationship for the advancement of youth education and youth sports programs, the organization and the undersigned hereby agree as follows:

1. The undersigned fully understands and represents that to the best of his/her knowledge the said child is medically fit to participate in the program.
2. There is adequate medical health insurance to cover said child in case of injury received while participating in the program.
3. The undersigned agrees, individually and on behalf of the child, that the child, by and through the undersigned or any other person, will not institute or commence any action at law or equity for any damage of any kind that may be sustained by the child as a result of participation in the program or as a result of any negligence of the organization. The undersigned further agrees, individually and on behalf of the child, to release, indemnify and hold harmless, the organization, it's successors, members, directors, officers, coaches, sponsors and volunteers from any claims, demands or actions at law or equity that my subsequently be brought by or on behalf of the child to recover for injuries or damages, including claims for contribution or indemnification made by third parties, arising out of injuries resulting from participating in the program.
4. I, the parent/guardian of understand the dangers and risks involved in tackle football as indicated above. Recognizing these dangers and risks, I give permission for my child to participate in all activities of the sport, including, but not limited to, trying out, practicing and playing/participating in that sport. I agree to report all injuries to the above-mentioned player to his coach with 24 hours of their occurrence.
5. Portland Youth Football League will provide a brand new or refurbished NOCSAE approved Xenith X2E helmet for your player(s). The undersigned may opt to supply their own helmet. The undersigned fully understands and agrees to provide the said child with the following equipment, sanctioned for competitive football: **NOCSAE APPROVED HELMET (if supplying own), SHOULDER PADS AND PANTS WITH LOWER EXTREMITY PADS and MOUTHGAURD.** (Football Only)
6. The organization will assure each parent/guardian that all games will be played under League Rules and every child will participate in each game that he/she attends, when physically able.
7. **IMPORTANT: The undersigned agrees that payments owed will be paid in full prior to the first day of Football Summer Camp of the camp registration year. If the undersigned is unable to pay for the camp registration in full, the registrant must apply for a fee waiver for consideration of full or partial fee waiver eligibility prior to the first day of Football Summer Camp of the camp registration year.**

IMPORTANT NOTICE TO ALL PARENTS/GUARDIANS: THE PORTLAND PUBLIC SCHOOLS DO NOT SPONSOR, OPERATE OR MANAGE THIS FOOTBALL PROGRAM. IT IS OPERATED AND MANAGED ENTIRELY BY THE PORTLAND YOUTH FOOTBALL LEAGUE, A PRIVATE ORGANIZATION THAT HAS NO AFFILIATION WITH PORTLAND PUBLIC SCHOOLS. THE PORTLAND PUBLIC SCHOOLS HAVE NO RESPONSIBILITY FOR ANY ASPECT OF THE FOOTBALL PROGRAM, THEIR INSURANCE POLICIES DO NOT COVER ITS OPERATION AND THE PORTLAND PUBLIC SCHOOLS MAY NOT BE HELD LIABLE FOR ANY INJURY OR HARM TO ANY PARTICIPANTS IN THE PROGRAM.

**Cost: \$35 for Grades 2 thru 6**

**PLEASE PRINT CLEARLY**

Child's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone#(s): home \_\_\_\_\_ wk \_\_\_\_\_ cell \_\_\_\_\_  
 EMail(s): \_\_\_\_\_ / \_\_\_\_\_  
 Grade in Sept.2017: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Experience \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date

SEND COMPLETED FORM with Emergency Information Form, Child/Parent Agreement & Registration Fee (checks payable to **PYFL**) to: **Portland Youth Football League, PO Box 8524, Portland, Maine 04104**  
**For more information contact [pyfl.playeragent@gmail.com](mailto:pyfl.playeragent@gmail.com)**



## 2017 Emergency Information Form Tackle Football

**PLEASE PRINT CLEARLY**

Player's Full Name: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address(s): \_\_\_\_\_

Mother/Guardian's Home Ph# \_\_\_\_\_ Cell Ph# \_\_\_\_\_ Work#: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Father/Guardian's Home Ph# \_\_\_\_\_ Cell Ph# \_\_\_\_\_ Work#: \_\_\_\_\_

**In case of emergency, contact (other than parent/guardian) \_\_\_\_\_**

Relationship to Child: \_\_\_\_\_

Phone #s: Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #s: \_\_\_\_\_ Hospital of choice: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone #s: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy#: \_\_\_\_\_

**Any known medical conditions or allergies coaches, physicians, etc.. should know about:**

\_\_\_\_\_

**Medications:** \_\_\_\_\_

I hereby give my consent in the event of a medical emergency, when I, or my emergency contact, cannot be reached, for the coach or person in charge to obtain necessary medical treatment for the above named player. The authorization includes my consent for the above child to receive emergency medical treatment by on field coaches, trainers, EMS providers, physicians and hospital personnel. I understand that any expense incurred for proper medical treatment is the responsibility of the child's parents/ guardians.

I grant permission for my child to be included in pictures taken of activities for the use of PYFL publications and/or news media.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian