

CANDLEWOOD VALLEY YOUTH FOOTBALL

20%\$ - Registration Contract

Name: _____
 Last First Initial

Address: _____

City / Town: _____ **Zip:** _____

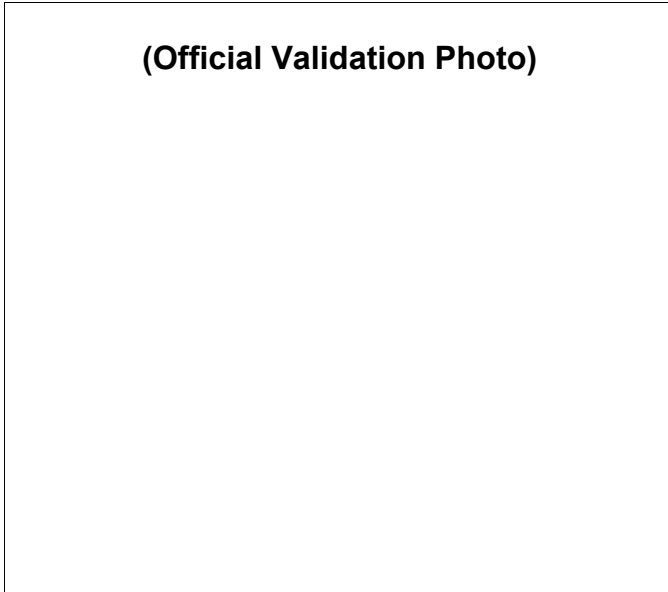
Date of Birth: _____ **Age:** _____
 Month / Day / Year As of 7/31/20F€

School: _____ **Grade:** _____

Primary Parent/Guardian _____

Phone: _____

E-mail: _____



REGISTRATION FEE

Football: \$____.____ Cheerleading: \$____.____
 (Family Maximum: \$____.____)

[] Check# _____ [] Cash

REQUIRED PAPERWORK

Registration Doctor's Consent
 Birth Certificate Report Card
 Parent-Player Contract

DOCTORS CONSENT FORM

I, hereby my signature below, do certify that: _____ is physically fit and
(Athletes name exactly as it appears on birth certificate)
 there are no observable conditions which would contra-indicate him/her from participating in Tackle / Flag
 Football / Cheerleading / Dance. (Please circle one)

This certification is good for the 2010 season.

Physician's Signature

Print Name Clearly

Date (after January 1st 2010)

Physician:
Please Use Office Stamp Here:

PARENT/LEGAL GUARDIAN INFORMED CONSENT

Having read, reviewed for accuracy, understood, accepted, and agreed to the Conditions of Contract, I hereby give my permission for my child to participate in any and all activities with the Town of Southeast Recreation and/or American Youth Football for the 2010 season.

Print Parent/Legal Guardian Name _____
Signature Parent/Legal Guardian _____

Date

Emergency Medical Treatment, Consent and Information

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participants coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

ATHLETE INFORMATION				
Athlete's Name:		Nick Name:		Phone: ()
Address:		City:		State: Zip:
PARENT OR GUARDIAN INFORMATION				
Father's Name:				
Address:		City:		State: Zip:
Hm Phone: ()	Daytime Phone: ()	Email:		
Employer:				
Mother's Name:				
Address:		City:		State: Zip:
Hm Phone: ()	Daytime Phone: ()	Email:		
Employer:				
Guardian's Name:				
Address:		City:		State: Zip:
Hm Phone: ()	Daytime Phone: ()	Email:		
Employer:				
FAMILY MEDICAL INSURANCE				
Carrier:		Group:		
Policy #:		Group #:		
Policy Holder Name:				
Family Physician's Name:				
Dr's Address:		City:		State: Zip:
Phone: ()	Fax: ()	Email:		
EMERGENCY MEDICAL INFORMATION				
Preferred Hospital(s):				
EMERGENCY CONTACT:		Phone: ()		Relationship:
Please list any medical conditions (allergies, asthma, etc.) And medications being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel: (please note if no information is given and the words "none" or "n/a" is not filled in then, "none" will be assumed.				
Allergies:				
Medical Conditions:				
Other:				

*I Hereby my signature grant permission for my child/ward to participate in any and all, _____ (Association name) and, American Youth Football, Inc / American Youth Cheer dba, program(s) sanctioned event(s), be they official or un official, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

*Print Parent/Legal Guardian Name

*Signature Parent/Legal Guardian

*Date

The original Emergency Medical Treatment, Consent and Information form should travel with the coach and a copy should be kept at the administrative office of the sports organization. Due to privacy concerns, completed forms should be stored in a secure location with access restricted to those on a need to know basis for the purpose of medical care.

SUMMARY OF RELEASES

PARENTAL CONSENT

I, The Parent/Legal Guardian Of _____ Understand Cheerleading Routines And The Game Of Football Will Require My Child To Engage In Vigorous Physical Activity. Although Injuries Are Not Frequent I Understand They Do Occur. I, Do Hereby Declare My Full Understanding Of The Risks Inherent To The Registered Activities And Clearly State That I, Of My Free Act And Deed Do Hereby Give My Consent For The Above Named Registrant To Participate In Any And All Activities Including Out Of State Travel If Necessary. Initial: _____

RELEASE FROM LIABILITY

I Agree To Assume All Risks And Hazards Incidental To Participation On A Football Team / Cheerleading (Spirit) Squad, Including Transportation To And From All Of The Activities. I Do Hereby, As My Free Act And Deed, Agree To, Waive, Release, Absolve, Indemnify And Agree To Hold Harmless The Association, Conference, National Affiliate, The Officers, Directors, Sponsors, Volunteers, Participants, And Persons Transporting My Child/Ward To And From Any And All Team Activities, From Any Claim Arising Out Of Participating, Except To The Extent And In The Amount Covered By Accident Or Liability Insurance. Initial: _____

MEDICAL RELEASE

Because Your Child Is Involved In An Active Sport, There May Be An Occasion When An Injury Occurs That Requires Medical Attention Or 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.

Parent/Guardian Name: _____ HM Phone _____ WK Phone _____

E-Mail Address _____ Cell Phone or Pager: _____

Preferred Doctor: _____ Preferred Doctor's Phone No: _____

Preferred Hospital: (1) _____ (2) _____

If parent or legal guardian cannot be reached, call:

Name: _____ HM Phone _____ WK Phone _____

Relationship to Player: _____ Cell Phone or Pager: _____

The Participant Named Above Has The Following Medical Conditions (Allergies, Asthma, Etc.): Please List Medications Being Taken And Any Other Information You May Deem Relevant, And Helpful To Medical Personnel. (Please Note If No Information Is Given And The Words "None" Or "NA" Is Not Filled In Then, "None" Will Be Assumed.

I Hereby Grant Permission To The Association To Administer First Aid, Secure Proper Treatment And/OR Hospitalize My Son / Daughter/ Ward In Case Of Emergency, Provided They Are Unable To Communicate With Me, And According To Their Best Judgment. Initial: _____

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 Completed Grade, End Of Year/Last Complete Report Card Or A Written Statement Of Scholastic Fitness From The School Administration. Initial: _____

CODE OF CONDUCT

The Ideology Of Youth Sports Including Football And Cheerleading (Spirit) Is To Promote Good Understanding And Fundamental Knowledge Of The Sport. It Is Also Critical That Good Sportsmanship Including The Ability To Always Conduct Oneself In An Appropriate Manner Of Positive Accord Both On And Off The Field. It Is Understood That Any Incident Considered Detrimental To The Pursuit Of This Ideology Will Not Be Tolerated. It Will Be Addressed In Accordance With The Statutes Of The Association, Conference, Current National Affiliation, And May Result In Dismissal From The Program And The Inability To Participate In Any Future Related Activities Of The Association. This Code Of Conduct Applies To All Involved With The Program Including But Not Limited To, The Football Players, Cheerleaders, Spirit Participants, Parents And Guardians, Coaches, Volunteers, Officers And Board Members. Initial: _____

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

Print Name Parent or Legal Guardian Signature Parent or Legal Guardian Date Signed

Print Name Player / Cheerleader (Spirit) Signature Player / Cheerleader (Spirit) Date Signed Date Signed