



## Superior Mustangs Youth Football Registration Information 2011

### MAIN REGISTRATION & EQUIPMENT HANDOUT DAY (05/21/11)

Please make every effort to attend the Main Registration and Equipment Handout, Sat. May, 21<sup>st</sup> at the equipment shed in the corner of Williams Field (near Safeway)

Please bring your player's registration and consent forms, together with separate checks for the fees and equipment deposit, to the registration day or when you pick up equipment (at follow-up handout opportunities or by appointment). A physician's clearance form can be provided if you already have it, but is not required until the first day of practice.

### 2011 FEES & JERSEY COSTS (No changes from 2010)

Equipment deposit:	\$200 (this check is NOT cashed unless equipment is lost or unreasonably damaged)
Registration fee	\$220 (includes CCMFL league fees, trophy, DVD/video and post season party)
Game <i>plus</i> practice/away jersey	\$ 60 (if a game jersey is purchased, the practice jersey is included for free)
White practice/away jersey <i>only</i>	\$ 13 (optional item, although recommended)

Please make checks payable to Superior Mustangs Youth Football (for multi-sibling families we appreciate separate checks for each child).

Refunds - for any reason - are always at the discretion of the Mustangs Board. While pro-rata fee (not purchased clothing) refunds may be made in special cases, no refunds are available after the first game of the season.

### OTHER IMPORTANT INFORMATION

#### DATES:

Friday, July 29: Final Mustangs registration deadline/equipment handout

Monday, August 8: First week of practice: exact day and schedule varies by team (this start date enables the League to avoid any football activities during the Labor Day Weekend). Practice schedules vary by team - contact your head coach.

#### MEDICAL CLEARANCE TO PARTICIPATE:

The Physician's clearance form (for your child to participate) must be completed and turned in to your Head Coach by the first day of practice; without it your child cannot participate.

#### EQUIPMENT:

Superior Mustangs supplies helmets, shoulder pads, game pants w/pads and game socks.

Players must provide their own mouth guard, practice pants with pads, cleats, jock w/cup or compression shorts w/cup and game jerseys. The practice pants of choice for most are those that have sewn-in pads because of the ease of cleaning.

#### Notes:

- Please bring your existing game jersey (if applicable) to equipment handout to confirm the fit with pads.
- The equipment that the player has to provide - along with many optional items - will be available for purchase at the May 21 Registration Day from Schaeffer Athletics. These items are also available at local sporting good stores.
- Additionally Mustang branded merchandise (clothing etc) will be available to order at the Registration Day

#### MORE DETAILS:

For a range of further information (and link to our League, the CCMFL) go to [www.superiormustangs.com](http://www.superiormustangs.com)



**SUPERIOR MUSTANGS YOUTH FOOTBALL  
2011 Registration Form + Checklist**

**PLAYER & FAMILY INFORMATION** (To be completed by the family)

Player name: \_\_\_\_\_

Is this player new to Mustangs? Y/N

Head coach (for returning players) \_\_\_\_\_

Age (on June 1<sup>st</sup> 2011) \_\_\_\_\_ years (date of birth: \_\_\_\_\_)

Home address: \_\_\_\_\_

Parent(s)/Guardian(s) names: \_\_\_\_\_

Mother/Guardian contact details:

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian contact details

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Information in the box below to be completed by SMYF staff at registration

<b><u>PAPERWORK</u></b>		<u>Received?</u>
Parent Consent/Release Form		___
Physician's Certification (due by start of practice, early August)		___
<b><u>EQUIPMENT</u></b>	<u>Ordering notes</u>	<u>Size?</u>
Game pants	_____	___
Pant pads	_____	___
Shoulder pads	_____	___
Helmet	_____	___
Game jersey	_____	___
>>If you will be re-using an existing Mustang jersey, enter the # here		___
>>If you will be ordering a new Mustang jersey provide 3 preferred #'s:		___/___/___
<b><u>MONEY</u></b> (Please make checks payable to Superior Mustangs Youth Football)		
Equipment deposit .....		Check #1 : <u>\$200</u>
Registration fee .....		\$ <u>220</u>
Game <i>plus</i> practice/away jersey - \$60 if needed. \$		___
White practice/away jersey <i>only</i> (optional) \$13...\$		___
Total.....		\$ ___ Check #2 : \$ ___



## Superior Mustangs Youth Football

### 2011 Parent/Guardian Consent and Release

The undersigned is the parent or legal guardian of \_\_\_\_\_ and wishes to enroll him/her in Superior Mustangs Youth Football. The undersigned represents the following:

1. That the child/children being enrolled is/are physically fit and has/have no medical condition(s) that puts him/her/them at any risk for playing or practicing football. Further, the child/children is/are of the correct age to play at the age category for which he/she/they is/are enrolled for the team. If younger than the age category, the undersigned represents that the child/children is/are capable and ready to play with the older age players.
2. That the undersigned understands that football is a contact sport in which injuries and death can occur. As consideration for my minor child/children being permitted by Superior Mustangs Youth Football and the Coal Creek Midget Football League to participate in the sport of football, on my own behalf and on behalf of my minor child/children, I waive any and all claims based on negligence or breach of warranty that I may have against Superior Mustangs Youth Football and the Coal Creek Midget Football League (CCMFL), their respective officers, directors, agents, servants, coaches, and employees for any personal injuries and/or property damages sustained during the course of participating in any Superior Mustangs Youth Football team football or football-related activity.
3. Thereby, I hereby release and indemnify Superior Mustangs Youth Football and the Coal Creek Midget Football League, their subsidiaries, affiliates, and respective officers, directors, agents, servants, coaches, referees and employees of and from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage or injury to property or person, that may be sustained by any person during the course of participating in any Superior Mustangs Youth Football practice, game or football-related activity. I waive any rights I may have against the above-mentioned parties for any mental or physical injury or death to my child, me, or damage to my personal property, whether caused by negligence or otherwise, while participating in this football program. I also acknowledge that my child should not wear the equipment while not participating in practices or games.
4. I acknowledge that Superior Mustangs Youth Football does not derive any benefit or profit from my participation. Further, I acknowledge that the decision is purely my choice, and is made with the full knowledge of the extent of the danger in so-doing and a full waiver of rights to any claims for mental or physical injury or death, or property damage which may result.
5. As parent or guardian of the child named above I hereby consent to the television broadcast of any season highlight films/videos/DVDs. I understand that these films/videos/DVDs may include both game footage and player introductions. I further agree to the publication of team and/or individual photographs complete with my player's name, in local area newspapers, newsletters and/or websites operated by the organization.
6. I will abide by and comply with the rules and by-laws of the CCMFL and the parent/guardian Code of Conduct of Superior Mustangs Youth Football

THE UNDERSIGNED HAS READ THE FOREGOING CONSENT AND RELEASE, FULLY UNDERSTANDS IT, AND IS SIGNING FOR AND ON BEHALF OF BOTH PARENTS/GUARDIANS OF THE PLAYER.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent or Legal Guardian)

Player Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_



2011 Physicians Certification and Medical Information Form

***This completed form is due to your Coach by the first day of practice; without it your child cannot participate***

Player/Participant's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone Numbers: H: \_\_\_\_\_ C: \_\_\_\_\_

**Physician's Certification: (To be completed by a licensed medical doctor)**

I hereby certify that I have examined \_\_\_\_\_ and that this individual was found physically fit to engage in football \_\_\_\_\_ / cheerleading \_\_\_\_\_ (please check as appropriate).

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

*Physician (must be signed by a physician)*

\_\_\_\_\_  
(Print Physician's name)

**Non Parent Emergency Notification: (To be completed by parent/guardian)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information: (To be completed by parent/guardian)**

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_

Required Medications: \_\_\_\_\_

Additional Medical Problems: \_\_\_\_\_  
(Asthma, heart murmurs, rheumatic fever, etc.) \_\_\_\_\_

**Medical Treatment Authorization (Optional)**

I, \_\_\_\_\_, do hereby appoint and authorize SMYF and its designated representative as my attorney-in-fact to obtain and consent to any and all medical/dental attention and hospital care and treatment, including major surgery deemed necessary by a medical/dental provider selected by attorney-in-fact for the health and well being of [insert name] \_\_\_\_\_ who is participating in SMYF activities. This power expires on December 31<sup>st</sup> of this current year.

Signature of Parent/Guardian named above \_\_\_\_\_ Date \_\_\_\_\_  
(This authorization will be used if a parent/guardian cannot be contacted in a timely manner in the event of a medical situation)