

HARTFORD YOUTH FOOTBALL Registration Form

Date _____
Amt. Pd. _____
Check # _____
Grade _____
Initials _____

Player Information

Name: _____ Birthdate: _____
 School: _____ Grade in Fall: _____ Height: _____ Weight: _____
 Other family members in program: _____

Parental Information:

Father's Name: _____	Mother's Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Cell: phone: _____	Cell: phone: _____
Email address: _____	Email address: _____

In Case of Emergency

Medical Conditions: _____	Phone: _____
Family Doctor: _____	Phone: _____
Emergency contact: _____	Phone: _____

FAMILY PARTICIPATION

Parents must participate in the club for it to function well. We need every family to volunteer no less than 5 hours. If you do not complete your volunteer hours, you will not receive a refund of your \$150 volunteer fee. This is a per family fee and is paid at equipment pick up. Your refund will be given at year-end banquet or applied to next year's registration. All refund requests after banquet, will be subject to a \$5.00 handling fee.

_____ I do not wish to volunteer and I forfeit my \$150 volunteer fee.
 _____ I wish to volunteer in the any areas indicated (please select at least three)

_____ Registration	_____ Banquet
_____ Concessions	_____ Coaching (application & qualification required)
_____ Programs & Maps	_____ Fundraisers
_____ Equipment distribution/return	_____ Field Maintenance
_____ Weigh-ins (must MD or RN)	_____ Chains & Clock (field set up & clean up)
_____ Team Manager	_____ Marketing _____ Videographer

If interested in lead role, circle area below:

Concessions	Chains & Clocks	Registration	Banquet
Equipment	Programs & Maps	Fundraising	Volunteer

REGISTRATION FEE

Early Fee: \$100.00 If registered by 1/31/2010. Additional child is \$50.00
 Regular Fee: \$125.00 Registration fee is non-refundable (exceptions per parent handbook).

Make checks payable to: Hartford Youth Football. Mail white and yellow copies with fee to:
 Hartford Youth football, Pam Feucht, 121 Marilane Drive, Neosho, WI 53059, or see website: www.hyfb.net
 or www.hartford youthfootball.com

I certify that all information is accurate. I agree to abide by the rules and regulations of the Hartford Youth Football Club and hold the organization, its Officers and Board of directors and coaches, free and harmless of any liabilities that may arise while I or my child/children is/are participating in the club activities. The club has my permission to seek emergency treatment as deemed necessary in my absence.

PARENT'S SIGNATURE: _____ Date: _____

White - Registration Yellow - Volunteer Coordinator Pink - Parent

WISCONSIN
ALL-AMERICAN YOUTH FOOTBALL LEAGUE
SAMPLE PARTICIPANT APPLICATION FORM

TEAM (Organization) _____ LEVEL(A,B,C,D) _____

PLAYER _____

PHONE _____ (Last) _____ (first) _____ (M.I.) _____
AGE _____ BIRTH DATE _____ HT _____ WT _____

HOME ADDRESS _____ CITY _____ ZIP _____

HIGH SCHOOL DISTRICT OF RESIDENCE _____

GRADE IN FALL _____ SCHOOL _____

FATHER'S NAME _____ PHONE _____

MOTHER'S NAME _____ PHONE _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the **WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE**, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. **I knowingly and freely assume all such risks**, both known and unknown, **even if arising from the negligence of the releasees** or others, and assume full responsibility for my participation; and,
3. I will comply with all rules and regulations of the **WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE** and its member organizations (copies of rules and regulations are available upon request from the member organization for which this application is intended); and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazards during my presence or participation, or if I am injured while participating in this activity, I will remove myself from participation and bring such to the attention of the nearest team official immediately; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **hereby release and hold harmless** the **WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE**, its members, their officers, its coaches, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), **with respect to any and all injury, disability, death**, or loss or damage to person or property, **whether arising from the negligence of the releases or otherwise**.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntary without any inducement.

Participant's Signature _____ Date Signed: _____

For Parents/Guardians

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees.

_____ Date Signed: _____

Parent/Guardian's Signature