

Arlington Blue Devils Sports Association

P. O. Box 180056
Arlington, Texas 76096
817-621-5054

<http://www.arlingtonbluedevils.org/>

Administrative Use

Sibling in the same div Y - N
Address verified - IN - OUT - NEU
If out released Y - N _____
Team drafted to _____



2009 Football Registration Form

(Please Print Legibly)

PLAYERS NAME:			
DATE OF BIRTH:		AGE:	
ADDRESS:			
CITY, ZIP CODE:		PARENT(S):	
HOME PHONE:		CELL PHONE:	
2009 / 2010 SCHOOL:		2009 / 2010 GRADE:	
EMAIL ADDRESS:			
Did you play on an ABD team last year? ___ Yes ___ No		If Yes, what team:	
Did you play with another North Texas organization last year? ___ Yes ___ No		If Yes, what organization?	
		If Yes, have you moved?	
Any medical problems or reactions that ABD should be alerted to? ___ Yes ___ No		If Yes, please note:	
In case of an Emergency Contact:		Phone:	
Are you interested in Coaching or Board position:		Yes ___ No ___ If Yes, desired team:	

PLEASE READ BEFORE SIGNING

- A copy of the child birth certificate is required
- Registration Cost: (Includes jersey, pants / shorts (flag), socks, mouthpiece, insurance, game costs, etc.)

Flag: Ages 4 – 5	Tackle: Ages 6-11
Early Registration - \$85.00 (Ends Aug 1st, 2009)	Early Registration - \$125.00 (Ends Aug 1st 2008)
Registration - \$95.00	Registration - \$135.00 (Ends prior to Draft)
	Late Registration - \$145.00 (Begins after Draft)
- A \$40.00 administration fee will be deducted from all refunds. **NO REFUND** will be issued after the team draft.
- There will a \$30.00 service charge on **ALL** dishonored checks. **ALL** dishonored checks shall be redeemed with cash, cashier check or money order. All and any information received by the Association will be used as needed to collect on dishonored checks.
- I understand upon notification by the Head Coach and / or Team Mom, each player's Parent and / or Guardian will be responsible to volunteer at least two (2) hours twice during the season for concession, field clean-up, and / or spirit sales.
- By signing below the named player and his / her parents are subject to the rules of the Association listed in the By-Laws and NTYFA.
- I further understand that ABD takes pictures at all ABD functions and they could be use for advertisements and / or Website and grant ABD permission to use named player.

In consideration of my child's participation in the Arlington Blue Devils Sports Association, I do hereby for myself, my heirs and executors, waive, release and forever discharge any and all rights claims for damages which I may have or which may hereafter accrue to me, against the Board of Director, Sponsors, Coaches, and those officiating the games, or their agents, for any and all damages which may be suffered by me or my child in connection with any injury or bodily harm that may occur. I agree to follow all ABD By-Laws and / or division rules. The undersigned acknowledges that any false information on this application will be just cause for my child's team to forfeit any games won by the team.

I give full consent for my child to participate.

Parent / Guardian Signature: _____ **Date:** _____



Division _____ Shirt Size _____ Pants Size _____