

SNOWLINE YOUTH FOOTBALL & CHEER

INDICATE TYPE OF PLAYER NEW PLAYER RETURNER

INDICATE PROGRAM PLAYERS WEIGHT FOOTBALL CHEER

LEGAL BIRTH NAME _____ HOME PHONE _____
LAST FIRST MIDDLE INITIAL

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ AGE AS OF AUG 1ST _____ CELL PHONE _____

CHILD LIVES WITH MOTHER: FATHER: BOTH:

OTHER (PLEASE EXPLAIN) _____

NAME OF SCHOOL IN FALL _____ GRADE IN FALL _____

PARENT/LEGAL GUARDIAN'S NAME _____ WORK PHONE _____

PARENT CDL# _____ INSURANCE & MEMBER # _____
(WRITE NONE IF CHILD IS NOT COVERED)

ALLERGIES/ASTHMA? _____
DOES PARTICIPANT HAVE A SIBLING (BROTHER OR SISTER) IN SYF&C? (IF NONE, PLEASE WRITE NONE)

NAME _____ AGE _____ NAME _____ AGE _____

SIGN-UP AND PARENT AGREEMENT

FEES FOOTBALL \$185: CHEER \$225: AMOUNT PAID _____ CASH: CHECK: CHECK #: _____

ALL FUND-RAISER MONIES WILL BE DUE NO LATER THAN 9/1/09 (NO EXCEPTIONS) INITIALS _____

NO PARTICIPANT(S) WILL BE PERMITTED TO PRACTICE OR PLAY IN GAMES UNTIL ALL FEES ARE PAID IN FULL. ALL PARTICIPANT(S) MUST HAVE THE FOLLOWING ITEMS COMPLETED: PHYSICAL FORM, PATENT AGREEMENT, EQUIPMENT AGREEMENT, SIGNED CODE OF CONDUCT AND HDYFC CONTRACT. SIGN-UP FEES INCLUDE LIGHTING FEES, FIELD FEES, HDYFC FEES, TROPHIES, PICTURES, AND ITEMS TO BE NAMED LATER.

INITIALS _____

****1. I/WE UNDERSTAND THERE ARE NO REFUNDS AFTER PRACTICE BEGINS UNLESS A PHYSICIAN STATES MY CHILD IS PHYSICALLY UNABLE TO PARTICIPATE IN FOOTBALL/CHEER.

INITIALS _____

****2. I/WE ASSUME COMPLETE FINANCIAL RESPONSIBILITY FOR LOST, STOLEN, DAMAGED, OR UNRETURNED EQUIPMENT AT FULL REPLACEMENT COST.

INITIALS _____

****3. I WILL RETURN THE EQUIPMENT UPON ORAL OR WRITTEN REQUEST FROM ANY CHAPTER OFFICIAL (I.E. HEAD COACH, TEAM AD, OR BOARD MEMBER) PER THE TERMS OF THEIR REQUEST. I ALSO UNDERSTAND THAT IF I DON'T RETURN THE EQUIPMENT BY THE END OF THE CURRENT YEAR, SYF&C WILL SEEK LEGAL RECOURSE TO COLLECT THE REPLACEMENT COST PLUS DAMAGES ACCRUED.

INITIALS _____

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

PRINT NAME _____

REVIEWING BOARD MEMBER INITIALS _____

