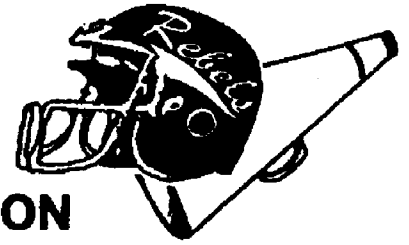




REBELS FOOTBALL AND CHEERLEADING ASSOCIATION



P.O. Box 5173

Old Bridge, New Jersey 08857

Telephone 732-679-4875

Control Number _____	Date _____
Child's Name _____	Home Phone Number _____
Parent's Name _____	Cell Phone _____
Parent's E-Mail Address _____	

All fees must be paid by June for a spot on the roster, no exception. Registration fee \$50.00 for one child and \$10.00 for each additional family member.

Work bond \$75.00 which will be returned upon completion of 12 hours of service and provided that all other fees are paid in full. Work bond options are listed below. Please select more than one option:

- | | | |
|--|---|--------------------------------------|
| Field Maintenance <input type="checkbox"/> | Game Monitor <input type="checkbox"/> | Fundraiser <input type="checkbox"/> |
| Yard Markers <input type="checkbox"/> | Concession Stand <input type="checkbox"/> | Team Mother <input type="checkbox"/> |

Do you want to schedule dates? Yes No Occupation _____

Sayrewoods South Rebels Refund Policy:

After written advisement to the executive board, refunds will be returned pursuant to the following guidelines:

Prior to August 1st full refund. Prior to August 5th, work bond and unsold fundraisers. Prior to August 10th unsold fundraisers. After August 10th no monies refunded at all. If a child leaves during August due to an injury sustained during practice, as directed by a doctor, workbond and unsold fundraiser will be returned.

Please note that all cheerleaders will be required to purchase additional uniform accessories. These items are non refundable.

Once distributed fundraisers are your responsibility. They will not be replaced.

Total amount due: \$ _____ Amount paid \$ _____

Cash Check # _____

Payment Received By _____ Date _____

Signature of Parent _____ Date _____

For Official Use Only

Will be completed by administration:

Control Number _____ Report Card _____
Birth Certificate _____ Picture _____
Physical _____

Child's Name _____ Parent's Name _____

Address _____ City/State/Zip _____

Birthdate _____ Age ____ Weight _____

School child will attend in September _____

Grade child will be in as of September _____

We the parents of the above named hereby give my/our approval for our child's participation in all football/cheerleading activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from activities. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Sayrewoods South Rebels Football Association, the organizers, sponsors, supervisors, participants and persons transporting my/our child/children.

I/We hereby certify that my/our child is physically and mentally able to participate in these activities and has not had any head injury. In the even a participant is injured during the season, a signed medical release is required before resuming play.

I/We hereby agree to return, upon request, the uniform and all other equipment issued to my/our child in same condition as when received, except for normal wear and tear, and assume financial responsibility for the loss of any and all equipment furnished by the association.

I/We understand that the assignment of all applicants will be according to the rules of the Sayrewoods South Rebels Football Association, Central Jersey Pop Warner and the National Pop Warner. Final interpretation of these rules rests with the Executive Board.

Once fundraisers are distributed, they become your responsibility. They will not be replaced.

Signature of Parent _____ **Date** _____