

2008 RICHMOND BORO PLAINSMEN YOUTH FOOTBALL LEAGUE REGISTRATION

PLEASE PRINT

PLAYER: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(STREET) (CITY) (ZIP)

HOME PHONE: _____ EMERGENCY: _____

MOM'S NAME: _____ DAD'S NAME: _____

MOM WORK PHONE: _____ DAD WORK PHONE: _____

MOM CELL: _____ DAD CELL: _____

EMAIL: _____ @ _____

DATE OF BIRTH: _____ AGE: _____ GRADE AS OF SEPT. 2008: _____

HEIGHT: _____ WEIGHT: _____ LBS. _____

PREVIOUS TEAM (IF ANY) _____ SCHOOL: _____

ANY PHYSICAL LIMITATIONS: _____

EMERGENCY CONTACT:
NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME OF PEDIATRICIAN: _____ PHONE: _____

PERSONAL HEALTH/ACCIDENT INSURANCE CARRIER: _____

PARENTAL CONSENT: PLEASE READ & SIGN. BY SIGNING THIS REGISTRATION, YOU ARE STATING THAT YOU UNDERSTAND AND AGREE TO FOLLOW THE TERMS AND CONDITIONS BELOW.

I/WE, the Parents/Guardians of the above named player, hereby give MY/OUR approval to his/her participation in any and all Richmond Boro Plainsmen Youth Football activities during the current season. I/WE assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/WE do hereby waive release, absolve, indemnity and agree to hold harmless the Richmond Boro Plainsmen Youth Football League and its Associations, the sponsors, supervisors, participants, volunteers and persons transporting MY/OUR child to and from activities for any claim arising out of illness, injury, accidental death or damage to personal property sustained in the above activity to MY/OUR child. I/WE and player agree to abide by the Rules of Conduct.

AS A PARENT OR GUARDIAN, I ASSUME ALL RESPONSIBILITY FOR ANY UNIFORM/EQUIPMENT THE ABOVE PARTICIPANT RECEIVES FOR THIS PROGRAM. **NO ALTERATIONS TO ANY UNIFORM OR EQUIPMENT ARE ALLOWED.**

UNIFORM/EQUIPMENT MUST BE RETURNED BY THE LAST GAME OR EVENT OF THIS PROGRAM OR I WILL PAY FOR THE UNIFORM/EQUIPMENT.

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified paramedic/ physician to render such medical treatment as said paramedic/physician deems necessary under the circumstances.

PICTURE CONSENT FOR FILM/WEBSITE/ADVERTISEMENTS: I/WE give permission to have my child's picture on the Richmond Boro Plainsmen web site, program advertisements, video for purposes of televising games and any other medium used strictly to promote the Richmond Boro Plainsmen.

(REGISTRATIONS MUST BE COMPLETED & SIGNED/FEE PAID/& A COPY OF PARTICIPANTS BIRTH CERTIFICATE RECEIVED BEFORE ANY PARTICIPATION CAN BEGIN.)

I/WE have read the above and agree and understand the policies set forth above.

X _____
SIGNATURE/DATE

X _____
PRINT/DATE