



PAL Football

Tackle Football Registration Form



Registration Deadline: August 1

Fees: \$100 *(After Aug. 1 - \$125 - no registrations will be accepted after August 16.)*
 League fees include shoulder pads, pants, pants pads, practice jersey, game jersey and helmet.
There is a \$150 deposit due at registration. Deposit money will be held until the end of the season.
Upon equipment check-in, checks will be returned.

Participant Name (First) _____ (MI) _____ (Last) _____

Date of Birth _____ Age on Aug. 1, 2010 _____ Grade (Fall 2010) _____

Height _____ Weight _____ School Attending (Fall 2010) _____

Home Address _____

City _____ State _____ Zip _____

Father's Name _____ Home/Cell Phone _____

Work Phone _____ Email _____

Mother's Name _____ Home/Cell Phone _____

Work Phone _____ Email _____

Emergency Contact (Please list one):

Name _____ Relationship to participant _____

Home/Cell Phone _____ Work Phone _____

I, the undersigned, request permission for _____ (Name) to enter the Jefferson City Area YMCA in Cole County, Missouri and to participate in any YMCA activities and all sporting and recreational activities associated with the YMCA. I know and I assume any and all risks related to my participation in the above activities, whether such risks arise while on or off the YMCA premises. In consideration of the aforementioned YMCA activities, I release and discharge the owners, operators, and sponsors as well as all other persons in any way related to the YMCA from all claims, demands, damages, actions and causes of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal injuries and/or damages to my property relating to my presence on the YMCA premises and/or participation in any YMCA activities or the extent those injuries and damages arise from the negligence of any fault of the YMCA. I represent and certify that I am 18 years of age or older, and that my attendance and participation in YMCA activities is voluntary. I CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING REQUEST AND RELEASE. In witness whereof, I have executed this request and release on this ____ day of _____, 20____.

Parent or Guardian Signature _____ Date _____

For Office Use Only:
 Date: _____ Cost \$: _____ Receipt #1: _____ Receipt #2: _____

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Conduct: I understand we are expected as parent/guardians to conduct ourselves in a civil manner in all YMCA events, and failure to do so could result in expulsion from events hosted by the Jefferson City Area YMCA. **I understand smoking and pets are not allowed at the 63 Sports Complex.**

Equipment Liability: I understand that Parent/Guardians are responsible for the return of all equipment in good condition to a representative of the Jefferson City Area YMCA on the day of the last game played. And that We the Parent/Guardians will be responsible for reimbursement to the organization any cost of lost or excessively damaged equipment and or uniforms. Upon returning all equipment in good condition, I will receive the \$150 deposit made prior to the start of the season.

Medical History

- | | | |
|---|-----|----|
| 1. Have there been any previous injuries requiring medical attention? | Yes | No |
| 2. Have there been any past surgeries or are there any scheduled surgeries? | Yes | No |
| 3. Is the participant currently under the care of a medical practitioner? | Yes | No |
| 4. Is the participant currently taking any medications? | Yes | No |
| 5. Does the participant have any allergies (penicillin, bee stings, etc.)? | Yes | No |
| 6. Does the participant have asthma/require the use of an inhaler? | Yes | No |
| 7. Is the participant diabetic/require medication for diabetes? | Yes | No |
| 8. Does the participant currently require medication? | Yes | No |
| 9. Does/has the participant have/had seizures? | Yes | No |
| 10. Does the participant wear glasses or contact lenses? | Yes | No |
| 11. Does the participant wear a brace or other medical support device? | Yes | No |
| 12. Does the participant have any other physical limitations or medical conditions? | Yes | No |

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space.

Physical: Please provide a current physical from your doctor. Physical must be dated 1/1/10 or thereafter.

Parental Medical Treatment Authorization: In the event of injury to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

Participant's Primary Physician _____ Phone Number _____

Hospital Preference _____

Name of Primary Medical Insurance Company _____

Name on Policy _____

I have read and understand everything on this form. My signature shows acceptance to all items.

Parent/Guardian Signature

Relation

Date

Jefferson City Area YMCA Signature

Date