



# PAL Football – 5th/6th Grade Tackle Football Registration



**Fees: \$ 150**

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 \_\_\_\_\_ Grade \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ School Attending \_\_\_\_\_

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 at 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.

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**PHYSICAL:** Please provide a current physical from your doctor.

**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