

2010 SANDWICH YOUTH TACKLE FOOTBALL REGISTRATION FORM

<input type="checkbox"/> Football	<input type="checkbox"/> Returning Member (Veteran)
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Sibling of Returning Member
	<input type="checkbox"/> New

Office Use Only:

Level _____

Weight _____
(boys only)

Child's Last Name _____
 Child's First Name _____

Parent's Name _____
 Address _____
 City _____ Zip Code _____

Age as of 9/1/10 _____
 Birth date _____
 Grade as of 9/1/10 _____
 School as of 9/1/10 _____

Home Phone Number: _____
 Cell Phone Number: _____
 Emergency Contact and Phone Number: _____
(please do not list home or cell number already listed)

Internet Access: Yes No
 Email Address: _____

Current Medical Problems, Medications and Allergies: _____

Name of siblings involved in SYTF and their level: 1. _____ 2. _____
 3. _____ 4. _____

- My initials next to each item below indicate my acknowledgement and acceptance:
- _____ I give my permission to have my child's picture used in any special interest stories for the newspaper, league website or in any league related materials for the 2010 season.
- _____ I currently have medical insurance and my child will be covered thru the 2010 football/cheerleading season.
- _____ Failure to return upon request any uniform/equipment in good condition (except normal wear and tear) will result in your deposit check being cashed. **If not turned in by requested date or not washed, a \$25 fee will be assessed.**
- _____ **I understand if my child elects to drop, no refund will be given.** Any injury prior to the first scheduled league game may receive a refund (minus \$25 per player fee) with a doctor's note.
- _____ I am aware of the SYTF Rules and By-Laws, I have received a copy of the Code of Conduct and Disciplinary Action sheet and hereby accept the rules, regulations and conditions set forth.
- _____ I assume all risks and hazards incidental to such participation for my child, including transportation to and from the games or activities. I hereby waive, release, and hold harmless the Tri-County Football League, its Board members, Sandwich Youth Tackle Football League, its Board Members, coaches, assistant coaches, staff and members, and the Sandwich School District #430 should my child sustain any injury, disability, loss or damage of any kind while participating in the Sandwich Youth Tackle Football program.

Consent of Medical Treatment:
 I give my permission to anyone associated with SYTF to accompany my participant in my absence, to any emergency room, and authorize in my absence, any emergency treatment that is needed.

Signature of Parent or Legal Guardian: _____ Date: _____

OFFICE USE ONLY: FB _____ CH _____ Reg. Fee \$ _____ Check No. _____ Uniform Dep. \$ _____ Check No. _____ W/FB _____

Birth Certificate _____ Photo _____ Physical _____ Insurance Card _____ BM Initials _____