



Football Player Registration Form - 2010 Season

Player and Family Information

Child's Name: _____ Age: _____ Weight: _____
Birth Date: ____/____/____ School District: _____ Fall Grade: _____
Father's Name: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Mother's Name: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

In an emergency, if the parent/guardian cannot be reached, please contact:

Contact: _____ Relationship: _____
Home Phone: (____) _____ Alt Phone: (____) _____
Select One New Player **(New Sign-ups ONLY)** Former Player -Years of experience _____

******Important – We are hoping to put in place a texting system which will allow us to send a text to your cell phone in the event of any changes or cancellations you need to be aware of immediately. If you would like to be a part of this communication process, please list your cell phone number and your cellular carrier (Verizon, Sprint, AT&T, etc.) below. Thank you!**

Cell Number to use: _____ Cell Carrier: _____

Insurance & Medical Information

Insurance Carrier: _____ Policy Holder's Name: _____
Policy #: _____ Group #: _____
Doctor's Name: _____ Doctor's Phone: _____
Allergies: _____
Pre-Existing Condition(s): _____

Note: Flyers Football Association Insurance is a supplemental policy. Should an accident or injury occur necessitating medical treatment, you should first enter the claim with your personal insurance company. Our policy will go into effect when your primary medical insurance benefits have been exhausted. If you do not have medical insurance, this policy will cover you, after a \$100 deductible, up to \$100,000 maximum benefit. Copies of this policy can be obtained from the Board of Directors.

*******Please turn over and complete the other side*******

Waiver and Release

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted.

I understand that my child will be insured on a group/team football accident insurance claim that may be required in the event of any injury as a direct result of activity of the organization. I understand the Flyers Directors have purchased youth football insurance protection and that I have the right to read and examine the policy at any time during the playing season or coverage period. I also understand that I must use my family medical insurance policy, and that the organization's insurance policy only provides benefits when my primary medical insurance benefits have been exhausted.

WAIVER AND RELEASE

I recognize the possibility of physical injury associated with football, and hereby release, discharge, and otherwise indemnify and hold harmless the Lower Burrell Flyers Organization, property owners and lessors, their sponsors, affiliated organizations, and the volunteers, employees, and associated personnel of these organizations, against any claim by or on behalf of the football player named above as a result of that player's participation in their programs and activities; and/or being transported to or from the same, which transportation I hereby authorize.

HANDBOOK & FUNDRAISING ACKNOWLEDGEMENT

I have received the Parent, Player & Cheerleader Handbook for 2010, and will review all rules and regulations with my child. I also have received the fundraising requirements for the 2010 season, and agree to participate according to the guidelines set forth by the Board of Directors. Failure to do so may result in the loss of any gifts, and/or awards my child may be eligible for.

The Lower Burrell Flyers, Inc. is an equal opportunity organization without regard to sex, race, color, religion or national origin.

WE HAVE READ ALL THE ABOVE AND FULLY UNDERSTAND THE CONDITIONS SET FORTH FOR MY CHILD TO FULLY PARTICIPATE IN THE LOWER BURRELL FLYERS, INC. YOUTH FOOTBALL PROGRAM.

Parent or Guardian's Name (Print Only)

Parent or Guardian's Name (Signature)

Date

Relationship to Player: (Father, Mother, Guardian, etc.)

Registration fee is \$65 for the first child, \$40 for the second child and \$30 for the third child, with a maximum of \$135 per family. You may choose to "buy out" of your fundraising requirements at this time, by paying a one-time fee, which is to be determined. Please make checks payable to: Lower Burrell Flyers

Information Below To Be Completed by Board Member Only

Check Number _____ Check Amount \$ _____ Cash Received \$ _____

Paid Fundraiser (amount TBD) Paid Camp Fee \$25.00 **Total Received \$ _____**

Birth Certificate Copy: Yes To be provided Camp Permission: Yes To be provided

Team: Plebes (6-7) Recruits (up to 9) Cadets (up to 11) Flyers (up to 13)

Board Member's Initials _____