

## FOOTBALL REGISTRATION FORM 2009

Player Name :	
Date of Birth:	Grade:
Address:	City: Zip:
Home Phone #	Email:
Mother's Name:	Mother's Cell Number:
Father's Name:	Father's Cell Number:
Mother's Work Number:	Father's Work Number:
Emergency Contact Name:	Relationship:
Emergency Contact Home:	Cell Number:

**Football Registration Fee:** \$155

**Equipment Deposit:** \$250 separate check to be postdated 12/1/09 (please see info packet for details)

**3 Day Camp Fee:** \$ 15

(Camp is free if signed up for the season or camp cost will be deducted if signed up at a later date)

**Family Discount:** 2 children (\$50 discount), 3 or more children (\$100 discount). 4 or more children is 3 children fee.

\*The discount includes cheerleading and football registrations

**Mandatory Raffle :** Each family would purchase 5x\$10.00 tickets. Tickets would be purchased at the time of registration. You can sell the tickets and keep the money or keep the tickets.

We will have a raffle each week when games begin. 1<sup>st</sup> prizewinner for a week \$ 500.00, 2<sup>nd</sup> prize \$ 25.00. (these payouts may vary depending on the actual enrollment of the program)

**A copy of birth certificate is required. If you have played in previous years, one should be on file.**

Years of Experience: \_\_\_\_\_ Referred by: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Medical Information**

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Group Number: \_\_\_\_\_

Please list player's allergies: \_\_\_\_\_

Does player have asthma or any breathing difficulties? \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

Name of Player's pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

**IMPORTANT: Please read waiver and release included in this packet.**

I have read and fully understand the important information, warning of risk, assumption of risk and waiver/release of all claims included in this packet. (If registering via fax, your fax signature shall substitute for and have the same legal effect as an original form signature).

**PLEASE PRINT**

Participant's Name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**APPLICATION TO PLAY ILLINI YOUTH FOOTBALL - 2009**  
**PLEASE PRINT**

_____ Players Name	Birth Date _____ <small>Mo./Day/Yr.</small>	_____ <small>League Age (as of 9/01/09)</small>
_____ Street Address	_____ City	_____ State
_____ Zip	_____ Phone No.	_____ Name of School Child will Attend in 2009

We, the parents or legal guardian of the above named candidate for a position on the Illini Youth Football team, hereby give my/our approval to participate in any and all Illini Youth Football League activities, including transportation to and from the activities.

I/We know that participation in Football may result in serious injury, and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local Illini Youth Football League, the Hampshire Youth Football and Cheerleading association, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

I/We agree to provide a certified birth certificate of the above named candidate to League Officials.

Parents or Guardian Signature \_\_\_\_\_  
\_\_\_\_\_

Please indicate any physical limitations (allergies, hearing, sight, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of family hospitalization plan \_\_\_\_\_ School \_\_\_\_\_

Additional Information (Doctor, Emergency Contact, etc.) \_\_\_\_\_  
\_\_\_\_\_

**ILLINI YOUTH FOOTBALL**

We do hereby for ourselves, our heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which we may have or which hereafter accrue to our child, against the Illini Youth Football League, Inc., IYFL organizations and the sponsors, the administrators of the playing field, or all their respective officers, agents or representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by our child in connection with his/her said association with or entry and/or arising out of his/her traveling to, participation in, and return from said League games or exhibitions conducted during the season. By signing our/my signature below, I/we are fully aware that we are responsible for all injuries that may occur to our child during the Illini Youth Football League, Inc. campaign. We hereby acknowledge that the league recommends, but does not require a thorough physical exam prior to participation. We also hereby acknowledge that we have received, read, and will abide by the Parent's and Player's Codes of Conduct provided by the League.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mothers Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

# **Hampshire Youth Football and Cheerleading**

P.O. Box 452  
Hampshire IL 60140  
(847)404-5263  
[www.hampshirewildcats.com](http://www.hampshirewildcats.com)

## **Uniform Deposit Form**

**Child Name (Last, First):** \_\_\_\_\_

Hampshire Youth Football and Cheerleading is requiring a Uniform Deposit for the 2009 season. The Uniform Deposit amount for Football is \$250.00 per player and covers the 7 Piece pad set, shoulder pads, rib guard, helmet, game day jersey, and game day pants. The Uniform Deposit is a separate check from the registration fee, which needs to be **postdated** for **December 1, 2009**. The Uniform Deposit Check will not be cashed by HYF&C, but will be held for security until the uniform is turned in, **in good condition and has been cleaned** at the end of the season. Uniform turn in dates TBA. In the event that the uniform is not turned in at the designated time or a time set up by the Parent/Guardian of the above player and the coach of his/her team, the \$250 Uniform deposit check will be forfeited and cashed by the HYF&C.

I, \_\_\_\_\_ have read the above statement and have submitted Check No. \_\_\_\_\_ to be held by HYF&C for my child's Football Uniform.

I, \_\_\_\_\_ understand that if my child's uniform is not turned in at the designated time or a time set by myself and the football coach of my child's team, my check for \$250.00 will be forfeited and cashed by HYF&C.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**HYF&C Signature:** \_\_\_\_\_

**Printed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## **Uniform Turn In**

I, \_\_\_\_\_ have returned my child's Football Uniform, which consists of the 7 Piece pad set, shoulder pads, rib guard, helmet, game day jersey, and game day pants. My child's Football Uniform has been accepted by HYF&C in good condition and has been cleaned. I have received my Uniform Deposit Check, Check No. \_\_\_\_\_ back on (date) \_\_\_\_\_ by \_\_\_\_\_.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**HYF&C Signature:** \_\_\_\_\_

**Printed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Participant's Name (Last, First): \_\_\_\_\_

**2009 Minor Waiver/Release Form**

**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING...**

**IN CONSIDERATION OF** \_\_\_\_\_, my minor child/ward, I agree to this release of liability for he/she to participate in any way in the Hampshire Youth Football and Cheerleading Association. (Wildcats) program, related events and activities of the Wildcats. The undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of injury does exist; and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERS, AND ASSUMES FULL RESPONSIBILITY FOR MY CHILD, and,
3. I willingly agree to comply with the program participation. If I observe any unusual significant concern in my child, in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself, my spouse, my child and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event Releases RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Parent/Guardian Signature: \_\_\_\_\_

Printed Name / Date: \_\_\_\_\_

**2009 Emergency Medical Treatment Authorization**

As the Parent/Legal Guardian of the above named participant, I/We do herewith authorize treatment by the Hampshire Fire Protection District or local emergency medical service and/or a qualified and licensed medical physician, nurse or Emergency Medical Technician (EMT) in the case of an emergency which, in the opinion of the ambulance/emergency service and/or attending physician, nurse, or EMT may endanger the named participant's life, causing disfigurement, physical impairment or undue discomfort if delayed. This authority is granted while a reasonable effort is being made to contact me at the emergency contact numbers given on the Football and Cheerleading Registration Form - 2009. This form is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Legal Guardian Signature: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Date: \_\_\_\_\_

**2009 Media Release Authorization**

I, the undersigned, give the Hampshire Youth Football and Cheerleading Association permission to use my child or guardian's name and image in any media or published format.

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Date: \_\_\_\_\_ Exclusions: \_\_\_\_\_

## Player Commitment Pledge

**I hereby pledge to provide commitment, care, and encouragement for my team participating in Illinois Youth Football League by following this Players Commitment Pledge:**

1. I will cheer/play for the fun of it, not to please any parents or coaches.
2. I will never allow negative aspects to enter my squad/game.
3. I will cheer/play by the rules.
4. I will accept success & failure, victory & defeat with good grace & without excessive display of emotions.
5. I will respect the ability of my opponents because without them there would be no game.
6. I will shake hands after each game regardless of the outcome.
7. I will notify my coach if I cannot attend a practice or a game.
8. I will never argue with or complain about a referee's call or decision.
9. I will control my temper and most of all, resist the temptation to retaliate.
10. I will not attempt to hurt anybody with words or actions.
11. I will concentrate on cheering/playing Football and on affecting the outcome of the game with my best effort.
12. I will work equally hard for my squad/team and for myself.
13. I will exhibit good sportsmanship by cheering all good plays, whether they are my teams or my opponent's team.
14. I will treat all cheerleaders/players the way I would like to be treated.
15. I will cooperate with my teammates, coaches, opponents, and referee's.
16. I will never forget that I am representing the Hampshire Wildcats and I will take care of the facilities and Uniform/Equipment provided.

***Sportsmanship is: Moral behavior in sports. There is more to sportsmanship than simply being nice. Everyone also has to have an understanding as to why some actions are right or wrong. Sportsmanship is a learned behavior, it does not happen by itself.***

**Player Signature:** \_\_\_\_\_

**Player Name Printed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Note: In order to participate in the Illinois Youth Football League, this form must be signed and dated. Failure of the cheerleader/player to read and sign the Players Commitment will automatically render the cheerleader/player ineligible to participate in League activities home or away. In addition, by signing this player commitment, cheerleaders/players agree to abide by the guidelines set forth above, and to conduct themselves in the appropriate manner. Failure to abide by this Code of Conduct, or violation of any of the guidelines set forth above, will automatically render the cheerleader/player unable to participate or attend any league sponsored event/s either home or away. Illinois Youth Board Members as well as HYF&C have the sole right to enforce violations.***

## Parent/Guardian Code of Conduct

**I hereby pledge to provide positive support, care, and encouragement for my team participation in Illinois**

**Youth Football league by following this Parents Code of Conduct Pledge:**

1. I will require that my child's coach be trained in the responsibilities of being a Cheer/Football coach and that the coach upholds the Coaches' Code of Ethics.
2. I will encourage good sportsmanship by demonstrating positive support for all participants, Coaches, Officials, Board Members, and Staff at a league sponsored event either at home or away.
3. I will encourage a balanced lifestyle between sport, education, and other interest.
4. I will place the emotional, psychological, and physical well being of my child and any other child in the league ahead of any personal desires I may have.
5. I will insist that my child participates in a safe and healthy environment.
6. I will support all Coaches, Board Members, and others working with my child, in order to encourage a positive and enjoyable experience for all.
7. I will accept that striving to win is more important than winning itself.
8. I will remember that the League is for the youth and - not for adults.
9. I will ask my child to treat other participants, Coaches, Board Members, Parents, and spectators with respect, regardless of race, sex, creed, or ability.
10. I, along with any quest of mine, will refrain from any - all vulgar, lewd, or obscene language or gestures while participating in or watching any league sponsor event whether at home or away.
11. I will direct all my comments and/or criticisms of parents, participants, officials, and/or board members away from the children participating in the league, and conduct myself in a calm, civilized manner when doing so.
12. I will respect the Illinois Youth Football League and HYF&C rules and regulations, and agree to abide by those rules, responsibilities, and Code of Conduct. Violations of these rules could result in disciplinary action up to and including permanent dismissal from the IYFL and HYF&C.

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Note: In order to participate in the Illinois Youth Football League, this form must be signed and dated. Failure of the parent/guardian to read and sign the Parents/Guardians Code of Conduct will automatically render the parent/guardian ineligible to participate in League activities home or away. In addition, by signing this Code of Conduct Pledge, parents/guardians agree to abide by the guidelines set forth above, and to conduct themselves in the appropriate manner. Failure to abide by this Code of Conduct, or violation of any of the guidelines set forth above, will automatically render the parent/guardian unable to participate or attend any league sponsored event/s either home or away. Illinois Youth Board Members and HYF&C have the sole right to enforce violations.*

## Parent/Guardian Participation Deposit

HYF&C could not exist without a strong commitment from our participating families. As a parent/guardian, there are a choice of opportunities to help support our program throughout the year. Your efforts will not only help ensure that your child has a positive experience this year, but will ensure that the program exists for many years to come.

To ensure that our program runs smoothly, we have a volunteer requirement for all parents/guardians. A \$25 Parent Participation Deposit is required to encourage parents/guardians to fulfill their volunteer commitment. In the event that a parent/guardian does not complete a volunteer assignment, the Parent/Guardian Participation Deposit will be cashed 12/1/09.

We hope to return every single deposit because your enthusiastic efforts are much more valuable to your children and the organization than the deposit amount. By actively giving your time, you demonstrate the value of teamwork and responsibility for all of our developing athletes.

The areas that we need volunteers for are concessions, chain gang, and announcer. Also, please visit our website for a volunteer form for the different committees that need assistance.

I, \_\_\_\_\_ understand that my participation is necessary for the HYF&C 2009 season. I have provided HYF&C with a \$25 check postdated for 12/1/09. I understand that this check WILL NOT be cashed unless I choose not to fulfill my volunteer assignment/requirement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

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I, \_\_\_\_\_ have fulfilled my volunteer assignment and have received my \$25 postdated check back from HYF&C.

Signature \_\_\_\_\_ Date \_\_\_\_\_