



Fieldcrest Youth Football 2010 Registration & Consent Form



Registration Fee:

The registration fee for the 2010 season is \$75.00 for the first child and \$45 for the second child. The \$75.00 fee includes a \$25.00 volunteer fee that will be reimbursed once a shift is worked.

Form Instructions:

Please bring this completed form, a copy of the child's birth certificate (for first year players), a copy of insurance card and payment to any one of the three registration dates:

Sunday, February 28th – Fieldcrest East Gym – Wenona – 1pm-3pm

Saturday, March 13th – Fieldcrest West Gym – Toluca – 9am-11am

Saturday, March 20th – Fieldcrest HS Cafeteria – Minonk – 9am-11am

***20.00 fee for late sign up**

Player Information

All players must be present at registration to be measured for new equipment that will be purchased for the 2010 season.

Players Full Name: _____

Date of Birth: _____ **Age:** _____ **Grade (Fall-2010):** _____

Players Medical History:

Allergy Alerts: _____

Current Meds: _____

Check the box that applies to player if any:

- Asthma Diabetes Epilepsy Birth Defects Swollen or Painful Joints
- Head Injuries Back Trouble Neck Trouble Knee Trouble Broken Bones
- Wears Contacts Wears Glasses Wears Oral Retainer / Mouth Piece

Any past Trauma or Medical Problems Coaches should know about (Other):

Physician's Name: _____

Physician's Address: _____

Physician's Phone: () _____

Hospital Preference: _____

Parent/Guardian Information

The information below is used by only the FYF Board & Head Coach. Please also provide an e-mail address if one is available.

Fathers Name: _____

Street Address: _____

City: _____ **Zip:** _____ **Phone:** () _____

E-mail: _____

Father's Work Phone: () _____ **Cell:** () _____

Mothers Name: _____

Street Address (If different): _____

City: _____ **Zip:** _____ **Phone:** () _____

E-mail: _____

Mother's Work Phone: () _____ **Cell:** () _____

Emergency Contact Information *(Only used if parents/guardian can not be reached!)*

Contacts Full Name: _____

Contacts Home Phone: () _____ **Cell:** () _____

Insurance Information

Each player MUST HAVE medical insurance. Each player will also be covered by a team insurance policy, which the league purchases. However, this is considered secondary or supplemental to your primary insurance. MY PRIMARY CARRIER IS:

Carrier Name: _____

ID/Group #: _____

City, State, Zip: _____

*** A COPY OF YOUR INSURANCE CARD IS REQUIRED & SHOULD BE SENT IN WITH FORM ***

I acknowledge that there is a possibility that my child could potentially be seriously injured playing football. Likewise, I do assume ALL the risks and hazards incidental to the contact of the activities, transportation to and from activities, and do further RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS the Fieldcrest Youth Football Organization, its Board, its Sponsors, or any Coaches appointed by them. I likewise RELEASE from my responsibility any person transporting my child to and from activities.

This is to certify that under the conditions as stated above, I give my consent for my child to participate in the Fieldcrest Youth Football Program this season.

PARENT OR LEGAL GUARDIAN

DATE

Questions? Please contact Scott Ruestman at 309-444-0786

Registration Fee: \$75.00 (Includes Insurance & \$25 Volunteer Refund)
\$45.00 (Each Additional Player per Family)

League Use Only
Ins. Card: _____
Birth Cert.: _____
Amt Paid: _____