



# 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 28<sup>th</sup> – Fieldcrest East Gym – Wenona – 1pm-3pm

Saturday, March 13<sup>th</sup> – Fieldcrest West Gym – Toluca – 9am-11am

Saturday, March 20<sup>th</sup> – 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:** \_\_\_\_\_