

Registration Fee:

The registration fee for the 2012 season is $100.00 for the first child and $50.00 for the second child. The $100.00 fee includes a $50.00 volunteer fee that will be reimbursed once the volunteer commitment is fulfilled. Volunteer sign up will be available until two weeks before the first game.

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 on Saturday, April 21st from 9:00-12:00 at the Fieldcrest High School cafeteria. There will only be one sign up day/location this year.

**\*25.00 fee for any late sign up after June 1st.**

Player Information

**Players Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Grade (Fall-2012): \_\_\_\_\_\_\_\_\_\_\_\_**

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 \*\*\*

**ALL players must have a physical and all paperwork turned in by the first practice, date to be determined. Players will not be allowed to practice if all required paperwork is not turned in. There will be NO exceptions.**

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 Russell Ruestman at 309-432-3909**

League Use Only

Registration Fee: $100.00 (Includes Insurance & $50.00 Volunteer Refund) Ins. Card: \_\_\_\_\_\_\_\_\_

$50.00 (Each Additional Player per Family) Birth Cert.: \_\_\_\_\_\_\_

Amt Paid: \_\_\_\_\_\_\_\_\_