

BELLEVILLE-ALBANY BOBCAT YOUTH FOOTBALL, INC.

PLEASE PRINT

REGISTRATION FALL 2010

ATHLETE'S NAME

BIRTHDAY

ADDRESS

PHONE

WEIGHT

HEIGHT

SCHOOL

GRADE (FALL)

FATHER/GUARDIAN

PHONE

ADDRESS

CELL PHONE

EMAIL ADDRESS

PLACE OF EMPLOYMENT

PHONE

MOTHER/GUARDIAN

PHONE

ADDRESS

CELL PHONE

EMAIL ADDRESS

PLACE OF EMPLOYMENT

PHONE

IN CASE OF EMERGENCY NOTIFY
(OTHER THAN YOURSELF)

PHONE
CELL PHONE

PHYSICIAN

CLINIC
HOSPITAL

PHONE
PHONE

PRE-EXISTING MEDICAL CONDITIONS, ALLERGIES OR MEDICATIONS

MEDICAL INSURANCE PROVIDER

POLICY NO.

I hereby authorize the coaching staff and agents of Belleville-Albany Bobcat Youth Football, Inc. (BABYF, Inc.) to use and disclose any and all of my child's individual health and medical information or other information that I have herein provided or subsequently provided in writing. This release authority applies to any information which may be governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPPA), 42 USC 1320d and 45 CFR 160-164.

RELEASE OF CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE: In consideration of granting my child permission to participate in BABYF, Inc. program, I, the undersigned parent or guardian, of said child hereby consent to such participation and specifically agree to the following terms: I hereby release and discharge BABYF, Inc., its agents, coaches, and Board of Directors from all liability, claims, demands, actions, judgments and executions which the undersigned ever had, or has now; or may have, or claim to have against BABYF, Inc., its successors and/or assigns, for all personal injuries and injuries to property, known or unknown, caused by or arising out of participation in this football program, including games, team member

activities, practices, and/or any activities thereto, during the season. I, the undersigned parent or guardian, of said child understand that BABYF, Inc. does not carry any type of insurance for the benefit of any child participating in this football program. I hereby waive, indemnify, release and forever discharge BABYF, Inc., its agents, coaches, and Board of Directors from any and all claims for injury, damage, medical costs and other such related costs that may result from my child's participation in this football program.

I understand and am aware of the fact that by participating in this football program, I, on behalf of my child, assume certain risks of injury to my child. I am willing to assume the risks of such injury including, but not limited to any injury which may be caused by other participants or spectators. I understand and am aware that the potential risk of injury from football is significant, including the potential for permanent paralysis, bodily injury, total and partial disability, and death, and while particular rules, equipment and personal discipline exist, the risk of serious injury does exist. By my signing this document and by my child's participation, I knowingly assume all such risks, both known and unknown, that may occur while a participant in this program. I agree that if any claim for my child's personal injury or wrongful death is commenced against the coaches, employees, agents, or Board of Directors of BABYF, Inc., I shall defend, indemnify and hold them harmless from any and all claims or causes of action by whomever or wherever made or presented for my child's personal injuries, property damage or wrongful death.

MEDICAL EMERGENCIES: I hereby consent and authorize the coaching staff and agents of BABYF, Inc. to seek out and authorize the necessary hospital care and/or medical treatment for the child named herein for any illness or injury that may occur while such child is participating in, or in the care or custody of an agent of BABYF, Inc. I understand that medical and other information herein or subsequently provided to BABYF, Inc. will be used if medical treatment and/or hospital care is required and I am not immediately available to obtain said medical care or treatment or give my consent for the performance of said care or treatment. The coaching staff and agents of BABYF, Inc. will do their best to seek care from the doctor or hospital as herein provided by me, however, I hereby authorize them to use their best judgment in obtaining expedient and proper care of my child in the event the designated facilities herein are not practical or available under the circumstances.

FEES: I agree to pay registration fees before equipment is issued to my child. If I am unable to pay the entire fee at this time, I agree to set up a payment plan approved by the Program Director. I understand that no fees will be refunded after final weigh-ins.

UNIFORM RETURN: I agree to return upon request the uniform and other equipment issued to my child in as good condition as when received, except for normal wear. I understand that I will be assessed a replacement fee for any equipment not returned. Upon return of all equipment, I understand that I will receive my security deposit.

SPORTSMANSHIP: I, the undersigned parent or guardian, understand that myself and/or my child are to act in a sportsmanlike manner at all times, and agree that my child shall abide by the following: use of acceptable language and social behavior, refrain from use of alcohol, tobacco, or illegal drugs, listen to directions of coaches and show respect towards coaches at all times, attendance of all practices and games. I understand that if my language, behavior or attitude with players, other parents, coaches or officials is repeatedly negative, I will be given one official warning and then asked not to participate in BABYF, Inc. events.

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND UNDERSTAND THE REQUIREMENTS FOR MY CHILD AND MYSELF AS A PARENT/GUARDIAN, TO PARTICIPATE IN BELLEVILLE-ALBANY BOBCAT YOUTH FOOTBALL, INC.

Dated Athlete Dated Parent/Guardian

For Program Use: Registration: _____ Deposit: _____ Practice Jersey: _____