



Registration Form

For League Use Only

Sport: Football_____ Cheerleading_____

- Name_____ Date_____
- Date of Birth (from Birth Certificate)_____ Verified by_____
- Age as of October 31, 2007: 7 - 8 - 9 - 10 - 11 - 12 - 13
- Insurance Provider/Company_____ Verified by_____
- School (during season)_____ Grade in fall_____
- Team Affiliation Request_____
 - Reason: Community____ Relative____ Other (list)_____
- Received Information: Fundraising_____ Pictures (Info. at Community Picnic)
- Parent Interest in: Coaching_____ Asst. Coach_____ Volunteering_____
- Height_____ Weight_____ Jersey size _____
- Helmet Size_____ Shoulder Pad Size_____ Pant Size_____
- T-shirt size _____ (**Specify: Adult or Youth for all uniform/equipment**)
- Registration Forms (3 pgs.) completed and each page Initialed & Dated_____
- Paid \$_____ Receipt # _____
- Paid In-Full: Yes_____ No_____ Amt. Owed \$_____
- Rec'd "Refrigerator" Reminder Yes_____ No_____
- Notes:_____



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Check and highlight the box if any information is missing. Fill out "Refrigerator Reminder"

SPORT (check one): Youth Tackle Football Youth Cheerleading

Player's Last Name: _____ First Name: _____

Address: _____ City, State, Zip: _____

Player's Birthdate _____ Check: Male Female Home Phone: () _____

School Player Attends in the fall _____ Grade in the fall _____ Email Address _____

ATHLETIC EXPERIENCE

Please specify which sports activities and how many years your child has played:

Activity: _____ Years Played _____ Activity: _____ Years Played _____

Activity: _____ Years Played _____ Activity: _____ Years Played _____

Activity: _____ Years Played _____ Activity: _____ Years Played _____

LEGAL GUARDIAN & EMERGENCY CONTACT INFORMATION

1. Parent/Guardian Last Name: _____ First Name: _____ Relationship: _____

Address (if different than player's): _____ City, State, Zip: _____

Telephone (include area code): Home () _____ Work () _____ Cell () _____

2. Parent/Guardian Last Name: _____ First Name: _____ Relationship: _____

Address (if different than player's): _____ City, State, Zip: _____

Telephone (include area code): Home () _____ Work () _____ Cell () _____

3. Other Contact Last Name: _____ First Name: _____ Relationship: _____

Address (if different than player's): _____ City, State, Zip: _____

Telephone (include area code): Home () _____ Work () _____ Cell () _____

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(Please initial and date all registration pages to signify you have read and understood each section)

THUMB AREA FOOTBALL LEAGUE

Phone: 800-318-9787 ext. 1849 ♦ Email: thumbareafootball@yahoo.com



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MEDICAL CONTACT INFORMATION

Player's Physician or Clinic Name: _____ Phone # () _____

Player's Dentist or Clinic Name: _____ Phone # () _____

MEDICAL CONDITION & HISTORY

Circle the appropriate answer on yes-no questions. Please complete all questions.

Allergies	yes	no	Asthma	yes	no	Back Injury	yes	no	Finger Injury	yes	no
Convulsion Disorder	yes	no	Heart Disease	yes	no	Shoulder Injury	yes	no	Ankle Injury	yes	no
Epilepsy	yes	no	Congenital Problems	yes	no	Elbow Injury	yes	no	Knee Injury	yes	no
Diabetes	yes	no	Head-Neck Injury	yes	no	Wrist-Hand Injury	yes	no	Other Injury	yes	no

If any of the above is answered YES, list all details and **any other medical conditions** of Player not mentioned above: _____

List any medications Player should NOT take: _____ List allergies: _____

List any medications player is currently taking: _____ Date of Players last Tetanus Shot: _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Company Name and/or Plan Name _____

Group No. of Plan _____ Identification No. of covered employee _____

If covered by an Employer Plan or other type of Plan, list the name of the individual covered, or holding policy, and all other relevant information regarding insurance coverage:

_____. (A copy of the medical insurance information for league files may be required.)

MEDICAL TREATMENT AUTHORIZATION

In case of accident, injury or serious illness of the player, I, the parent or guardian registering the player, state that I have authority to execute this Authorization and hereby make, constitute and appoint the player's Thumb Area Football League coaches, and any other representative of the Thumb Area Football League, to be my attorney-in-fact to; act for me in my name, and in my place, to seek and obtain any and all reasonable medical and/or dental treatment of any type or nature for the player.

I understand that the Thumb Area Football League does NOT have any insurance, which pays for the medical, dental and/or hospital costs that might be incurred on behalf of the player. I hereby acknowledge that the above named player is adequately covered by the above insurance. Consequently, I understand that any and all costs incurred for any treatment shall be my sole responsibility. I further request that I be contacted as soon as possible after the accident, injury or serious illness. In addition, I consent to the release of the insurance and medical information covering the player by my attorney-in-fact.

I further certify that the above named player is medically fit and is able to participate as a player in Thumb Area Football League. I understand that football is a contact sport and it is my sole decision as to whether or not the above named player obtains a medical examination before participating in this program. This Authorization shall terminate after the TAFLL playing season, applicable to this registration, has ended.

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PERMISSION TO PARTICIPATE - INDEMNITY & HOLD HARMLESS AGREEMENT

As PARENT or LEGAL GUARDIAN, I certify, it is with my full knowledge, right and consent, that I hereby give permission for my child or ward (hereinafter known as Child) to participate in the Thumb Area Football League program during the current season. I am fully aware of the fact that tackle football is a rough contact sport and that, from time to time, player injuries do result, even under supervised conditions. I am also fully aware of the age* and size* differences that my Child will be playing with/against and that there may be substantial differences in size, strength, speed & maturity. In addition, I understand pictures taken of the league and league action may be posted to the league's Internet website and these pictures and names may include my Child.

I, the undersigned, do hereby agree and contract to INDEMNIFY AND HOLD HARMLESS the Thumb Area Football League, and any and all coaches, assistant coaches, field directors, board of director members, teammates, players, officials, team parents, sponsors or any others for any and/or all injuries, illnesses or death incurred to my Child in practice, game play, while being transported to or from a practice or game or any other time relating to the Thumb Area Football League program. Furthermore, I hereby agree that I will not to hold any doctor, nurse, medical professional, team coach, or board representative, responsible for the consequences of any voluntary medical or first aid treatment administered to my Child as a result of any injury or illness that occurs in practice, game play, or while being transported to or from a practice or game. This PERMISSION TO PARTICIPATE - INDEMNITY & HOLD HARMLESS AGREEMENT however, shall not bar actions for intentional gross or wanton negligence.

If I or my above named Child and his/her heirs, executors or assigns, bring any legal action against any of the aforementioned individuals and/or organization(s), I agree to indemnify the aforementioned individuals and organization(s) for liability and/or costs, including any amount of settlement, or the amount of any jury verdict.

I, the undersigned, acknowledge that parents and guardians should be supportive of the players, other participants, the teams, the league, and all those who are supporting the league or its players. I also acknowledge that the league encourages positive excitement and vocal support, and understand any unruly, obnoxious or offensive behavior by participants, parents, or fans or any actions that are intended to provoke unrest in other people will not be tolerated by the league. The Thumb Area Football League reserves the right at any time to limit the number of participants, re-assign participants to different teams and take actions in accordance with the by-laws of the league and/or as determined by the Board to be in the best interest of the league.

The undersigned warrants that no promise or inducement has been offered except as herein set forth; with this PERMISSION TO PARTICIPATE - INDEMNITY & HOLD HARMLESS AGREEMENT, the undersigned is of legal age, is legally competent and has legal custody of the aforementioned Child.

***The age divisions are 7-8-yr. olds (45-140 lbs.), 9-10 yr. olds (60-170 lbs.), 11-12 yr. olds (70-200 lbs) and U-13/ 7th Grade (unlimited).**

I have read and understood this agreement and have filled out all registration forms truthfully and to the best of my knowledge:

Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

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