

HUNTLEY YOUTH FOOTBALL

REGISTRATION FORM

Child's Full Name _____

Parent's Full Name _____

For Board use Only: Weight / Age _____ / _____ Division B F M L H

Address _____ City / State / Zip _____

E-Mail Address _____

Home Phone # _____ Work / Cell Phone # _____

Child's Birth Date _____ Child's Age (as of September 1st) _____

School & Grade Entering in September _____ Child's Weight _____

Does player have previous football experience: Yes - No _____ If Yes what Town? _____

EMERGENCY CONTACT NAME _____ **PHONE #** _____

Dose your child have any allergies or medical conditions that the coaches / league should be aware of (specify)

Specific Medical Condition: _____

EMERGENCY MEDICAL TREATMENT

To Whom It May Concern,

As a parent and/or legal guardian, I do here by authorize the treatment by a qualified and licensed medical physician in case of an emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Participant's Name _____ Parent / Guardian Signature _____ (Date)

Family Physician _____ Phone # _____

HUNTLEY YOUTH FOOTBALL WAIVER

We do hereby for ourselves, our heirs, executors and administrators waive, and forever discharge any and all rights and claims for damages which we may hereafter accrue to our child, against Huntley Youth Football, and sponsors, the administrators of the playing field, or all their respective officers, agents or representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by our child in connection with his/her said association with or entry and/or arising out of his/her traveling to and participation in and return from said league games of exhibitions conducted during the season. By signing our signature below, we are fully aware that the we are responsible for all injuries that may occur to our child during Huntley Youth Football seasonal campaign (other than the league insurance coverage). We hereby acknowledge that the league does not require a thorough physical exam prior to participation.

Parent / Guardian Signature _____ Parent / Guardian Signature _____ (Date) (Date)

REFUND POLICY*:

I / we understand that there will be no registration refunds given for any reason after the first day of practice.

Once practice starts - No Refunds

Parent / Guardian Signature _____

***Any refund prior to practice starting will be minus a \$75 processing fee**

(Date)

For Board Use Only:

- | |
|--|
| <input type="checkbox"/> Copy of Birth Certificate (Football Only) |
| <input type="checkbox"/> Copy of Insurance |
| <input type="checkbox"/> Registration Payment Cash Check # _____ |

Child's Full Name _____

Parent's Full Name _____

Home Phone # _____ Work / Cell Phone # _____

For Board use Only:					
Weight / Age	_____	/	_____		
Division	B	F	M	L	H

HUNTLEY YOUTH FOOTBALL ASSISTANCE OPTIONS

In order for Huntley Youth Football to provide your child with the best possible football experience, we will ask for all parents to participate in a assistance program. Please circle the area of assistance you are interested in providing as you will be contacted later with further details on scheduled activities.

- | | | |
|------------------|-------------------------|----------------|
| Concession Stand | Game Announcing | Clean Up Crews |
| Field Marshall's | Picture Day | Homecoming |
| Chain Gang | Team Manager - Football | Pep Rally |

FOOTBALL EQUIPMENT POLICY:

I / we have issued a \$300.00 check as an equipment security deposit, understanding the check will not be cashed unless I / we fail to return the uniform / equipment issued in normal wear and tear condition to the HYF. I / we understand that failure to return the equipment issued at the end of the season (times to be communicated at a later date) will result in the forfeiture of my \$300.00 equipment deposit and my check will be cashed after the last equipment return date.

EQUIPMENT ISSUED: _____

Parent / Guardian Signature _____ (date)

Helmet Size _____

Shoulder Pads _____

Pants Size _____

Practice Jersey _____

Number _____

Jersey Size _____

Last Name _____

Parent / Guardian Signature _____ (date)

Equipment Deposit No Cash Check # _____

ZERO TOLERANCE POLICY

Due to the increasing violence and rising numbers of abuse incidents in our nations youth football programs during and after games, the HYF Board of Directors have unanimously approved a "ZERO TOLERANCE POLICY" related to inappropriate behavior at practices, games and HYF sponsored activities. The Board feels that league officials, parents and coaches should be proactive in seeking a safe and instructive environment for children without the threat of violence, inappropriate behavior or language on the sidelines. The following Zero Tolerance actions taken by a player, coach, official, parent or fan will result in the immediate ejection from the event in progress and a 1 game suspension taken the following week. A second violation of the Zero Tolerance policy will result in a suspension for the remainder of the season.

1. Parents and fans on the field without permission
2. Inappropriate language
3. Yelling negative comments at the referees or opposing players
4. Instigation players, parents, officials
5. Trashing fields and/or property
6. Attending events under the influence of alcohol
7. Physical displays of aggression or threats of physical aggression
8. Any action, that officials or coaches deem to be inappropriate, or the individual has previously been asked to stop doing.

In cases where the offending party does not leave the area, then the Field Marshall in charge or any HYF official present will immediately dial the police and have the offender removed. Based on the nature of the offence, charges may be field against the individual. Threats of or physical displays of aggression will be reported to the police. Any ejected person has the right to an appeal hearing by the Board of Directors. All parties involved will be notified and invited to attend the hearing which will be scheduled within 10 days of a written request.

The HYF hopes these policies will ensure a safe, tolerable environment for your family to be around and your children to play in. Thank you for doing your part to help. Every Parent and Coach must abide by this policy.

We the board members of Huntley Youth Football appreciate the time and effort that each member of the Association puts forth, and our only objective is to provide a safe, fun and educational athletic experience for our children, and to unite our community through this great sport. Let's not allow the negative actions of a few, destroy our focus and dedication to the children of this Association.

We are requiring that both the parent and the player sign this form. We thank you for your cooperation.

Parent Signature: _____ Date: _____

Player Signature: _____ Date: _____

Weight Division your child is in: _____