

# Remsen Youth Football League

Grades 3<sup>rd</sup>-6<sup>th</sup> Fall 2018

Cost \$75/Player

**NOTICE: Please send in registration form to:**

**Angela Waldschmitt 13367 L12 Remsen, IA 51050**

**By Friday June 8, 2018.**

***Make payments out to Remsen Youth Recreation***

## 2018 Registration

Player Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ T-Shirt Size: Youth\_\_\_\_or Adult \_\_\_\_\_

List any allergies or medical conditions: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade (Fall 2018): 3<sup>rd</sup> \_\_\_\_ 4th \_\_\_\_ 5th \_\_\_\_ 6th \_\_\_\_

### Parental Authorization

We, the parents of the above named player, hereby give our approval for participation in any football activities during the current season. We assume all risks and hazards incidental to such participation including transportation to and from the activities, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Remsen Youth Sports, their organizers, officials, coaches, sponsors, supervisors, participants and persons transporting our child, except to the extent and in the amount covered by accident and/or liability insurance held by the team.

We, the parents, agree to be financially responsible for proper maintenance and return of the Remsen Youth Football equipment and uniform. If not returned at the end of the season, replacement costs for uniform will be paid by the signer. Participants must furnish shoes. Helmet, game jersey, shoulder pads, pants and mouthpiece will be issued by Remsen Youth Football.

Consent for Medical Treatment: As the parent/guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

I, \_\_\_\_\_, as parent/guardian of the above participant, certify that the above participant is both physically and mentally able to play tackle football and has health insurance and will have coverage through the duration of the 2018 football season. I also hereby give my permission to the above named doctor and/or medical facility to treat the above named participant in case of injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Two or three coaches are required per team so please consider coaching or helping during practices!**

**Please let us know if you can help coach: Yes \_\_\_\_\_ No \_\_\_\_\_**