



# PARKSTON YOUTH FOOTBALL REGISTRATION FORM

Tuesday, August 5, 2014 – 5:30pm-8:00pm

## Age groups (circle one):

3<sup>rd</sup> Grade

4<sup>th</sup> Grade

5<sup>th</sup> Grade

6<sup>th</sup> Grade

Child's Name: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

School Attending: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's Cell Phone 1 \_\_\_\_\_ Verizon \_\_\_\_\_ Alltel/AT&T \_\_\_\_\_ Other

Dad's Cell Phone 2 \_\_\_\_\_ Verizon \_\_\_\_\_ Alltel/AT&T \_\_\_\_\_ Other

*(To receive TEXT Messages from Coaches we need your cell phone carrier)*

E-Mail Address: \_\_\_\_\_

How do you want to receive messages for scheduling updates? \_\_\_\_\_ Text \_\_\_\_\_ E-Mail \_\_\_\_\_ Both

**You or your spouse will be asked to help in the concession stand.**

Would you or your spouse volunteer to help work at games as a Referee, Chain Gain, etc? YES \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

**A parent's signature is required before your child can participate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EQUIPMENT CHECKOUT INFORMATION

Helmet: \_\_\_\_\_ (\$75.00)      Shoulder Pads: \_\_\_\_\_ (\$45.00)      Pants: \_\_\_\_\_ (\$35.00)      Game Jersey: \_\_\_\_\_ (\$35.00)

**You are responsible for the replacement cost of the above items if not returned at the end of season**

Practice Jersey \_\_\_\_\_ Buy One (\$20.00) \_\_\_\_\_ Already Have One

Writing on Back \_\_\_\_\_

Registration Fee Paid (\$25.00) \$ \_\_\_\_\_ Practice Jersey \$ \_\_\_\_\_ Cash / Check # \_\_\_\_\_  
*(Circle One)*

Mouth Piece (\$2.00) \$ \_\_\_\_\_ TOTAL AMT \_\_\_\_\_

**(Assumption of Risk & Consent for Medical Treatment on Back)**

## **Parkston Youth Football Association**

### **Assumption of Risk**

Participation in all sports requires an acceptance of possible injury. You, as a parent, can help make the consent safe by not teaching or promoting techniques which are illegal and which can cause serious injury to others, as well as your child.

#### **Parent or Legal Guardian**

I hereby give my consent for my child to compete in the Parkston Youth Football Association program. I understand that there is a possibility that my child may be injured during competition. This applies to only the programs approved and sponsored by the Parkston Youth Football Association Board of Directors.

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### **Consent for Medical Treatment**

I am the (Mother/Father/Legal Guardian) (*circle one*) of the child listed on the front of this form, who participates in the Parkston Youth Football Association Program. I hereby consent to any medical services that may be required while said child is under the supervision of the volunteer coaches while participating in a Parkston Youth Football Association activity. In my absence, I hereby appoint said coach or coaches to act on my behalf in securing necessary medical services from any duly licensed medical provider.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent or Legal Guardian*