

2011 Jimtown Youth Football League Registration - Fee \$85.00

Participant's Name: _____ Parent / Guardian _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____ Email _____

Emergency Contact _____ Phone _____

Participant's Current Grade in School (Please circle) 2nd 3rd 4th 5th

Participant's School _____

Participating Siblings & Current Grade in School _____

Does your child have any medical conditions that may limit his/her ability to participate in this activity? _____ If yes, please explain _____

Parental Consent

I/We, the parent(s) of the above named participant hereby give my/our approval to participate in any and all Jimtown Youth Football League activities.

I/We know the participation in football may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Jimtown Youth Football League and persons transporting my/our child to an from activities for any claim arising out of injury to my/our child whether the result is negligence of or any other cause. JYFL provides NO insurance.

I/We consent to the treatment of my child at the Emergency Room of Elkhart General Hospital or other medical institutions if he/she is taken there at the direction of Jimtown Youth Football League. I am not aware of any physical or medical condition or restriction that would prevent my child from participation in the Jimtown Youth Football League. I have reviewed the completed form and affirm that the information contained in it is accurate.

Parent/Guardian Signature _____ Date _____

Office Use Only

Paid In Full: Cash _____ Check# _____ (Return Check Fee - \$30.00)

Height _____ FT _____ IN

Weight _____ lbs.