

**2010**  
**JAMESTOWN YOUTH FOOTBALL/CHEERLEADING**  
**REGISTRATION FORM**



Complete the registration form (pages 2 & 3) and mail check or money order payable to Jamestown Youth Football. The early registration period is from February 1 through May 31st, 2010. All registration forms must be accompanied by payment in full – no exceptions.

The early registration fee is \$75.00 per person. If you have more than one child participating; the fee is \$75.00 for the first child and \$50.00 for each additional child.

All registration forms received after May 31st, 2010 are subject to the following registration fees: \$100.00 for the first child and \$75.00 for each additional child.

Please register one child per form. Fees are non-refundable. There is a \$45.00 fee for returned checks. Our mailing address is:

***Jamestown Youth Football***  
***PO Box 7***  
***Jamestown, OH. 45335***

<http://www.Weerams.com>

**Jamestown Youth Football**  
**Football/Cheerleading Squads**  
*Please circle appropriate grade for the 2010 season*

**Football**

1<sup>st</sup> & 2<sup>nd</sup> Grade (Bantam)    3<sup>rd</sup> Grade    4<sup>th</sup> Grade    5<sup>th</sup> Grade    6<sup>th</sup> Grade

**Cheerleading**

K-2<sup>nd</sup> Grade    3<sup>rd</sup> Grade    4<sup>th</sup> Grade    5<sup>th</sup> Grade    6<sup>th</sup> Grade

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ (as of Sept. 1, 2010)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade Entering (10-11 School Year) \_\_\_\_\_ School: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am: \_\_\_\_\_ First Year Player    \_\_\_\_\_ a returning player

Do you have another child in the JYF League? Y / N Child(s) Name: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Physical Impairments**

**List any/all applicable items concerning the child's medical history including medications:**

Asthma    Diabetes    Epilepsy

Allergies or Reactions \_\_\_\_\_

Other Items or current medications: \_\_\_\_\_

# Jamestown Youth Football

## RELEASE OF RESPONSIBILITY

I represent myself to be the parent or legal guardian of this player and hereby give my permission and assume full responsibility for my child to participate in the Jamestown Youth Football/Cheerleading League and hereby release the said league, its members, volunteers and coaches from any and all liabilities whatsoever. I also understand that NO insurance will be provided. I will assume all risks and hazards incidental to the conduct of activities of the said league. I also understand that Jamestown Youth Football/Cheerleading League will supply equipment to be used for the season and that I am responsible for returning the equipment in good and clean condition at the end of the season. I understand that I will be liable to the league for the replacement cost of any and all equipment that is not returned or that is damaged.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

You must place an X in one of the space provided:

**First Aid Release:**                      Granted: \_\_\_\_\_                      Not Granted: \_\_\_\_\_

Permission is Granted/Not Granted (see above) to render on the spot first aid to my child by appointed personnel in the event of injury and to seek further medical treatment if needed.

**Emergency Medical Release:**      Granted: \_\_\_\_\_                      Not Granted: \_\_\_\_\_

Permission is Granted/Not Granted (see above) to have the Jamestown Youth Football/Cheerleading League contact local paramedics to examine, provided emergency care, and possible transport my child to the local hospital in the even that the Jamestown Youth Football/Cheerleading League personnel feel "on the spot" first aid is insufficient.

**Physicians Release:**                      YOU MUST SIGN BELOW

I, the undersigned, understand and agree that this brief sports physical in not a complete physical examination. I understand that this brief physical is acceptable to the Jamestown Youth Football/Cheerleading League and will allow the child to participate in all of the Jamestown Youth Football/Cheerleading League, it is in no way meant to replace the routine physical examination administered by the child's physician. I hereby agree that neither the Jamestown Youth Football/Cheerleading League nor the attending physician(s) will be held responsible for any physical condition that may exist or develop as a result of the above named child participating in any Jamestown Youth Football/Cheerleading League programs.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

### JYFA LEAGUE USE ONLY

DATE REGISTRATION/MONEY RECEIVED \_\_\_\_\_ AMOUNT \_\_\_\_\_ M.O. OR CHECK NO. \_\_\_\_\_ CASH \_\_\_\_\_

HAS SIBLING IN LEAGUE \_\_\_\_\_ SIBLING(S) NAME \_\_\_\_\_