



THOMPSON YOUTH FOOTBALL 2019 Registration Form

NOTE: This is a Full Contact Sport!

Registration Fees: \$165.00

NO Checks Accepted

Multi-child Discount: 10% off 2nd, 3rd, 4th child

1. **Child's Name:** First _____ Middle _____ Last _____

2. **Mother's Name:** _____ **Phone:** _____

Email Address: _____

3. **Father's Name:** _____ **Phone:** _____

Email Address: _____

4. **Address:** _____
Mailing Address City State Zip

5. **Primary Phone:** _____

6. In Case of an **Emergency**, if parents cannot be reached, please contact:

Name: _____ **Phone Number:** _____

7. **Date of Birth:** Month _____ Day _____ Year _____

8. **Birth Certificate** is: Attached Not Attached On-file

9. Please list any **Allergies/Medical Issues**, including those requiring maintenance medications (i.e. Diabetic, Asthma, Seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.

10. **Division:** **Rookie 1** (1st/2nd) **Jr. 1** (3rd) **Jr. 2** (4th) **Sr. 1** (5th) **Sr. 2** (6th)

Requirement: *Kindergarteners* MUST turn 6 prior to Aug. 2, 2019! NO 5-year-olds allowed!

6-year-old Kindergarteners will be playing with 1st and 2nd graders in Rookie 1 division.

11. Fall 2019 **Grade** _____

12. **NEW** or **RETURNING** Football Player

13. **Current Age** _____

14. Where are you **zoned for High School?** _____

15. Where will you attend **School in Fall 2019?** _____

16. How many **Concussions** have you experienced? _____

17. **Pediatrician** or Family Physician's Name: _____ **Phone:** _____

18. I give my permission for my child's school to release his **Profile Page** to Alabaster Parks and Recreation.

Yes No



You're not finished until you complete Page 2

Player's Name: _____

Thompson Youth Football is a member of the Jefferson-Shelby Youth Football League. For certification purposes, all new players must present a valid Birth Certificate to their coach prior to the announced deadline or the player will not be allowed to participate in league games. Also, parents should be prepared to present a copy of the School Registration Card and Proof of Residency for player certification.

19. **REGISTRATION FEE** includes game jersey and participation award. It also includes rental use of game pants, practice pants, shoulder pads, helmet, and all additional pads. These items are property of the Alabaster Parks & Recreation Department and are to be returned at the end of the season. **If equipment is not returned at the close of the season, all equipment will be invoiced to the player's parent or legal guardian.**

Initials _____

20. Per **Alabaster City Ordinance 95-381** I understand: **Any person who engages in arguments, uses abusive language, harasses game or league officials or exhibits any unsportsmanlike behavior may be barred from parks and/or recreation facilities and/or prosecuted.**

Initials _____

21. MEDICAL AUTHORIZATION/CLAIM & REIMBURSEMENT DISCLAIMER:

I/we, the parent(s) and/or legal guardian(s) of the above-named candidate, know that participation in Alabaster Youth Sports may result in serious injury(ies), and moreover protective equipment does not prevent all injuries to participants. Therefore, I do in consideration of being allowed to participate in the above named activity, hereby assume all responsibility for said activity and/or child. I authorize the City of Alabaster Parks and Recreation Department (CAPRD) to obtain necessary medical care and treatment for the participant for any illness or injury occurring during the activity period, but I understand CAPRD is NOT assuming a duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant. I understand that CAPRD has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant and I agree to pay all reasonable medical costs incurred if treatment is obtained. I release, indemnify and agree to hold harmless, CAPRD and its agents, elected officials, servants, and employees from all claims, action, causes of action and rights of recovery or reimbursements of any type that any participant has or may have in the future which arise from or are related in any manner to the activity(ies) (including, but not limited to, claims of bodily injury and property damage or loss), and I assume all risks and hazards incident to such activity(ies) and transportation to and from the same. This instrument is signed both individually and on behalf of the participant(s) present at activity(ies).

Initials _____

22. REFUNDS:

I/We, the parent(s)/guardian(s) of the above-named child, understand that refunds are not guaranteed. They will be considered depending on the circumstances. If approved, the refund amount will be determined after deducting the cost of any items already ordered for the participant.

Initials _____

23. TREATMENT AUTHORIZATION:

In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

Initials _____

24. PARENTAL AUTHORIZATION:

I hereby give my approval for the above-named child to participate in all Football activities during the current season. I am the parent or legal guardian of the child that I have registered. I certify that all information given is correct.

Authorized Parent/Guardian Signature

Date

NOW you are finished! Thanks!



FOR OFFICE USE ONLY

Amount Paid _____

Cash **Discover** **Master Card** **Visa** **Debit**

Receipt No. OR Last 4 digits of Charge Card _____

Authorization Code _____

Date Paid _____

Employee initials _____