

LEWISTON-PORTER YOUTH FOOTBALL REGISTRATION & RELEASE FORM

CIRCLE ONE:

FOOTBALL / CHEERLEADER
Rams Chargers Spartans
Knights Lightning Senators

PAID \$ _____ CASH/CK # _____
Receipt # _____
Referred by _____

Check One:

/ ___ / New Member / ___ / Child has been with organization for ___ years

Name: _____ Weight: _____ lbs. Birthdate: _____
(Football Only)

Address: _____ City/State _____ Zip _____

Home Phone _____ # you can be reached between 5 & 5:30pm _____

Cell Phone _____ E-mail Address _____ Ours is **LPYF.com**

If I Cannot be reached, please contact:

1. _____ Phone _____
2. _____ Phone _____

Does your child have any Allergies or Special Medical Conditions? _____

If yes, please explain _____

EVERY CHILD MUST BE COVERED BY HIS/HER OWN MEDICAL INSURANCE

INSURANCE COMPANY _____ Through Employer? Yes/No

If yes, Name of Employer _____

The above child has my permission and approval to participate in the Niagara Youth Football League during the current season. I do hereby release, absolve, idemnify and agree to hold harmless Lewiston-Porter Youth Football, Niagara Youth football League, Organizers, Sponsors and Participants, from any claim arising out of any injury to my child. I agree to return upon request, the equipment issued to my child in as good condition as when received, except for normal wear. I also agree that if any of the equipment issued to my child is lost or damaged, that i'm responsible to the Lewiston-Porter Youth Football Association for monetary value as determined by it's Board of Directors.

Date _____ Parent/Guardian _____ / _____
(Signature) (Print)

Registration Fees: Football/ Cheerleaders/ Dance - 1st Child **\$75.00**

Each additional child per family - 2nd / 3rd **\$35.00**

(\$10.00 Late Fee will be added for non-payment at 7/1/09 and 8/1/09)

Volunteer Fee: \$20.00 Per Family to assist with operations during the season (non-refundable).

If you volunteer/assist/help-out, you earn a \$20 credit towards Banquet Tickets.

Football Players Jersey Fee \$35.00 (Due at Sign-up)

Checks Payable To: Lewiston-Porter Youth Football

Lew-Port Youth Football

Sports Physical Exam Form

GRADE _____

Physical Date _____

Name: _____

Sport: FOOTBALL

WT. _____ HT. _____ BP _____ Remarks: _____

Passed (No Restrictions) _____

Not Passed _____ Reason _____

EXAMINERS SIGNATURE _____

Copy Given _____

(Date)

EACH PLAYER MUST HAVE HAD A PHYSICAL DURING THE PAST YEAR TO PLAY FOOTBALL. PROOF MUST BE PROVIDED BEFORE 1ST PRACTICE

**LEWISTON-PORTER YOUTH FOOTBALL
MEDICAL CONSENT FORM**

Full Name: _____ Weight: _____ lbs Birthdate: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

IN THE EVENT PARENT CANNOT BE REACHED PLEASE CONTACT:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

CHILD'S PHYSICIAN _____ PHONE _____

Does your child have any allergies, sensitivity to drugs or any special medical conditions that we should be aware of? YES NO

List: _____

I GIVE PERMISSION TO LEWISTON-PORTER YOUTH FOOTBALL TO TREAT MY CHILD FOR:

Cuts or Bruises: YES / NO
Bloody Nose: YES / NO
Bee Stings: YES / NO

I GIVE PERMISSION TO THE PHYSICIANS OF ANY STATE OR PROVINCIALLY APPROVED HOSPITAL TO GIVE TREATMENT OR PERFORM ANY TEST THEY DEEM NECESSARY ON:

Name of Child: _____ Date: _____

Signature: _____ Relationship: _____

I AUTHORIZE ANY PHYSICIAN LICENSED BY THE STATE OR PROVINCE IN WHICH HE PRACTICES OR MEMBER OF THE HOSPITAL STAFF, TO ADMINISTER ANY ANESTHETIC OR PERFORM ANY SURGICAL PROCEDURE THEY DEEM NECESSARY ON:

Name of Child: _____

Signature: _____ Date: _____ Relationship: _____

The above consent form is for the protection of your child should he/she become ill or injured as a result of any participation in the Lewiston-Porter Youth Football program. NO treatment, other than first-aid will be administered without attempting to contact a parent or guardian. The above forms will be invoked to authorize treatment only if you are not immediately available.

2009 LPYF Volunteer & Fundraiser Commitment Form

Due to the fact that LPYF is a volunteer not for profit organization, it is essential to have a commitment from every participants family to a Volunteer Assignment and for participation in LPYF sponsored fundraisers in order to maintain the high quality football and cheerleading program that LPYF has established.

Please read the following guidelines that will begin with the 2009 Season. All participants must have a copy on file signed by a parent prior to the first official practice in order to participate.

1. One parent or guardian for every player or cheerleader will be assigned a two (2) hour Volunteer Assignment (Concession stand or game day operations position) for the 2009 Season by the Team Mom/Manager. If you are unable to fulfill your assignment it is **Your** responsibility to find a replacement. Any change in assignment **Must** be submitted to your Team Mom/Manager prior to the date of the assignment.
- Once you fulfill your assignment/responsibility the \$20 Volunteer Fee paid will be a credit towards your Banquet Tickets. (Fee non-refundable)
2. If your Volunteer Assignment is not covered and no replacement was provided the \$20 Volunteer Fee paid will be forfeited.
3. LPYF is a not for profit organization and in order to raise funds for the operation of LPYF, each participant and participant's family must actively participate in LPYF sponsored fundraisers listed below. **If you are unable to sell the minimum fundraiser items issued, the participant will be responsible for purchasing the remainder of the items and turning in all money to LPYF prior to issuance of the Team Uniform.**

Required 2009 Fundraisers:

-Sale of (5) five books at \$10 each of raffle tickets for a chance to win 2009 Buffalo Bills seasons tickets.

-Sale of (2) two LPYF/CHEER Discount Cards \$10 each.

If you have any questions or concerns on this matter, please feel free to contact the Board at LPYF.com . Thank you

Cheerleader/Player Name _____ Team _____

Parent's Name _____ Telephone _____

Parent Signature

Date