



2017 Lawrence Youth Football Registration Form



PLAYER INFORMATION (PLEASE PRINT)

Name:	Date of Birth:
Address:	Age (As of 8/1):
School:	Grade:
Team Name (If Applicable):	

PARENT INFORMATION (PLEASE PRINT)

<i>PRIMARY</i>	<i>SECONDARY</i>
Name:	Name:
Address:	Address:
City, State ZIP	City, State ZIP
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:
Emergency Contact & Phone:	Emergency Contact & Phone:
Email Address:	Email Address:

LEAGUE FEES: \$200.00 MUST BE PAID PRIOR TO EQUIPMENT CHECK-OUT

***** ALL PLAYERS WILL RECEIVE 20 FUNDRAISING CARDS UPON COMPLETION OF FORM *****

WAIVER OF LIABILITY AND ACCEPTANCE OF LYF POLICIES

"We the undersigned, hereby bind ourselves, our heirs, assigns and personal representative to waive and release Lawrence Youth Football Incorporated and any and all of their agents, officers, coaches, committees, representatives, members and/or member's parents, as well as any other football associations, teams, schools or officials, or team members, against or with whom the participant named below may be participating or practicing, from any and all claims or rights to damages for injuries or losses suffered directly or indirectly in training, workouts, attendance, participating in or travel from practices or competition."

"We hereby give our consent for the named participant to compete in football and travel with the Coach or representative of the team on any trips. In case of injury or illness of the named Contestant, we hereby give consent for any paramedic, licensed physician, or other persons authorized by LYF Inc., to transport the named contestant and to obtain and/or render necessary First aid and/or medical treatment. "I hereby give my consent for the above named to compete in the football program, hereinafter referred as LYF Inc. Further, I hereby waive all claims for accidents or liability of any kind against the LYF Inc. program, its coaches, managers, directors, advisors or members of this organization to include, but not limited to Youth Sports Incorporated and any of its owners/lessons of any site where a member team practice or play. To the best of my knowledge the above named child is physically fit to participate in the football program. I agree to abide by the rules of this organization. I understand this means that said individual and I cannot sue LYF Inc. or any person associated with LYF Inc. in the event of injury and that we must rely on our own health insurance or other financial resources in case of injury. I understand that I am responsible for the equipment (helmet and chin strap, shoulder pads, pants pads and game jersey provided by LYF Inc. If the equipment is not checked back in within 10 days after the football season, I will be responsible for replacement of the equipment or \$200.00 (Two hundred dollars). In addition, I will be responsible for all fundraising monies and unsold merchandise not returned.

ALL RETURNED CHECKS WILL BE PROCESSED BY THE COLLECTION BUREAU OF LAWRENCE WITH FEES.

PRINT NAME OF PARENT OR GUARDIAN:	DATE:
SIGNATURE OF PARENT OR GUARDIAN:	