

Fund Raiser Buy Out
Yes__ No__ Initial _____

2009 RAPIDS RAPTORS YOUTH TACKLE FOOTBALL

T-Shirt Size Youth _____
Adult _____

OFFICIAL APPLICATION TO PARTICIPATE

Please Print All Information

Football ____ **Sign Up Weight** _____ **lbs** **Cheer** ____ **Uniform Sizes: Shell (chest)** ____ **Skirt (waist)** ____ **Shoe** ____

Name _____ Birth Date ____/____/____ Registration Date ____/____/____
Last Name First Name Middle Initial

Address _____ City _____ State _____ Zip _____

School Name _____ City _____ Grade _____ (as of Sept. 09)

Prior Rapids Raptor Participant: Yes ____ No ____ If yes, # of years ____ Primary Contact Phone # _____

Father's Name _____ Contact Phone Number _____

Mother's Name _____ Contact Phone Number _____

Legal Guardian's Name _____ Contact Phone number _____

E-mail address for Parent or Guardian _____

MEDICAL INFORMATION AND HISTORY

Health Insurance Carrier Name _____ Policy Number _____

Please check yes or no to the following:

Yes / No	Yes / No
____/____ Asthma	____/____ Dental Braces or Bridges
____/____ Allergies	____/____ Head Injuries in the past year
____/____ Glasses or Contacts	____/____ Any Serious Injuries or Illnesses
____/____ Fractures in the last year	____/____ Any Medications

Please Provide Additional Information for all areas marked Yes

EMERGENCY MEDICAL RELEASE

I/We the parents/guardian, give our permission for any emergency medical treatment necessary either on the practice field or on the game field for our child. I/We authorize any hospital and or physician to perform emergency medical treatment to any injuries resulting from any scheduled function including the supervised travel to and from said functions.

IN THE EVENT THAT I/WE NEED TO BE REACHED EITHER DURING PRACTICE OR A GAME YOU MAY REACH ME OR THE FOLLOWING PERSONS AT: LIST 4 INCLUDING YOURSELF.

NAME OF EMERGENCY CONTACT AND RELATIONSHIP	EMERGENCY PHONE NUMBER

I/We, the parent or guardian of the above named candidate, for participation in Rapids Raptor Football, hereby give my/our approval for our child to participate in any and all activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless Rapids Raptors Youth Tackle Football, the board members, organizers, sponsors, supervisors, participants and any person transporting my/our child, except to the extent and in the amount covered by accident or liability insurance. I/We agree to be financially responsible for Rapids Raptors Youth Tackle Football for any football and/or cheerleading equipment my/our child will receive, other than the normal wear and breakage during games and practice and I/We will reimburse Rapids Raptors Youth Tackle Football for the replacement value if lost or damage occurs to said equipment. I we give permission to Rapids Raptors Youth Tackle Football to validate participants school grades. Rapids Raptors Youth Tackle Football reserves the right to discipline any of its participants for conduct that is considered inappropriate or detrimental to the program. If such an instance should occur, a conference shall be held with the parent/guardian and all other parties involved to determine what measures shall be taken including suspension from any/or all further activities. The throwing of equipment or helmets shall not be tolerated.

PARENT/GUARDIAN SIGNATURE _____ DATE ____/____/____