



## 2019 Registration Form Oriole Park Falcons Youth Football and Cheer

**Participant's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Preferred (Nick) Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **City/Town** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Date of Birth** (MM/DD/YY) \_\_\_\_\_ **Age** (as of Aug. 1<sup>st</sup>) \_\_\_\_\_ **Weight** (football only) \_\_\_\_\_ **School/Grade Fall 2019** \_\_\_\_\_

**Mother's Name** (or legal guardian) \_\_\_\_\_ **Email Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Father's Name** (or legal guardian) \_\_\_\_\_ **Email Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Permission to Participate** \_\_\_\_\_ **Initial** \_\_\_\_\_

I, the parent/legal guardian of the above-named participant, do hereby give my approval for my child/ward to participate, and further assert that I have verified with my child/ward's physician, and in my opinion, my child/ward is physically fit and can participate without limitation in any and all Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver.

**Scholastic Fitness** \_\_\_\_\_ **Initial** \_\_\_\_\_

I am of the opinion that my child/ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my child/ward's end of year/last complete report card or a written statement of scholastic fitness from the school.

**Parental Agreement/Waiver of Liability and Hold Harmless Agreement** \_\_\_\_\_ **Initial** \_\_\_\_\_

I, the parent/legal guardian, give my permission for my child/ward to participate in any and all OPYF activities during the current season, including post season competition. I am aware that football is a full contact sport and cheerleading requires strenuous physical activities. I assume all of the above risks and hazards incidental to such participation including transportation to and from activities and do hereby **WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS** UYFL, Northern Illinois UYFL, Oriole Park Youth Football Association, its officers, coaches and volunteers.

**Refund Policy** \_\_\_\_\_ **Initial** \_\_\_\_\_

From time of registration until the 1<sup>st</sup> day of Practice, a refund of the original registration fee will be given, minus any costs OPYF incurred for the purchase of gear/uniform pieces for the participant. From the 1<sup>st</sup> day of Practice until the 1<sup>st</sup> Game, refunds will only be given for medical reasons, e.g. injury, illness, and/or participant's inability to obtain medical clearance. The amount of the refund will be 50% of the original registration fee. After the 1<sup>st</sup> game, there will be no refund for any reason, nor will the participant receive a participation trophy. All refunds are considered on a case-by-case basis and are granted at the discretion of the OPYF Board. **NO REFUND WILL BE MADE UNTIL ALL EQUIPMENT/UNIFORM PIECES HAVE BEEN RETURNED.**

**Registration Fee:** \_\_\_\_\_ **Check#/Cash/CreditCard** \_\_\_\_\_ **Amount Paid** \_\_\_\_\_

**Balance Due** \_\_\_\_\_

**Check if Participant is a veteran** \_\_\_\_\_ **Football/Cheer Team Assignment** \_\_\_\_\_

**Check if on file:** Birth Certificate \_\_\_\_\_ Waiver \_\_\_\_\_ Medical Clearance \_\_\_\_\_ Emergency Form \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of OPYF Board Member** \_\_\_\_\_ **Date** \_\_\_\_\_