2020 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. 1st) **Weight** (football only) **School/Grade Fall 2020**

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 1st 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 1st day of Practice until the 1st 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 1st 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