



Hanover Park Boys Football Association (H.P.B.F.A.)

Player Registration



Player/Cheerleader Information (Please Print)			
Last Name		First Name	Birth Date (Mo/Day/Year)
Address City, ST & ZIP			
Name of School Child will Attend in Fall		Grade (In Fall of Current Year)	Football <input type="checkbox"/> Flag <input type="checkbox"/> Tackle Cheerleading <input type="checkbox"/> Flag <input type="checkbox"/> Cheer/Pom
Did Your Child Play Football or Cheer Last Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Town?		What Level?
Parent Information: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____			
Last Name	First Name	Home Phone	Cell Phone
Address City, ST & ZIP			
E-mail Address		Volunteering <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Mom <input type="checkbox"/> Field Duty <input type="checkbox"/> Concessions <input type="checkbox"/> Event Coordination <input type="checkbox"/> Other _____	
Parent Information: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____			
Last Name	First Name	Home Phone	Cell Phone
Address City, ST & ZIP			
E-mail Address		Volunteering <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Mom <input type="checkbox"/> Field Duty <input type="checkbox"/> Concessions <input type="checkbox"/> Event Coordination <input type="checkbox"/> Other _____	

OBLIGATIONS:

FUNDRAISING: Each participant is required to obtain a minimum of \$90 in pledge money for our Annual 10-Mile Walk. This money is collected in August and is non-refundable.

FIELD DAY: Each team will be assigned Field Days, at which time a parent or guardian will be required to work the chains, grill or concession stand. A small deposit will be collected after teams are formed and a complete refund of your deposit will be made after your full participation for each child.

EQUIPMENT SUPPLIED:

Cheerleading: To all levels: Shell & Skirt

Flag Football: Helmet (hockey style), Mouth Guard, Game Jersey (which will be imprinted with the child's last name and is theirs to keep after the season has ended), Game and Practice Pants (including knee pads)

Tackle Football: Helmet, Mouth Guard, Shoulder Pads, Rib Pads, Game and Practice Pants (including all pads), Game Jersey (which will be imprinted with the child's last name and is theirs to keep after the season has ended). Helmet, shoulder pads, rib pads, game and practice pants and all pads are to be returned in good condition at the end of the season.

OTHER EQUIPMENT REQUIRED:

Cheerleading: Spankies, Body Suit, Socks, Cheer Shoes, Hair Bow and Warm-Up (Optional)

Football: Athletic Supporter and Cup, Football Shoes and Practice Shirt

All equipment, as applicable, is for use during participation in the program only and must be returned when participation is completed, whether through withdrawal or season completion. Failure to return equipment at stated hand-in dates will result in loss of deposit.

For H.P.B.F.A Use Only			
Weight At Registration	Age (At 8/1)	Assigned Level	Birth Certificate On File? Y / N Birth Certificate Provided? Y / N
Attending Camp? Y / N Amount Due _____	Registration Date _____ Amount Due _____	<input type="checkbox"/> Check No. _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash Amount Paid \$ _____ Balance Due \$ _____	H.P.B.F.A. Rep. Initials

Player Registration

Player/Cheerleader Name (Please Print)	Football <input type="checkbox"/> Flag <input type="checkbox"/> Tackle Cheerleading <input type="checkbox"/> Flag <input type="checkbox"/> Cheer/Pom
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EMERGENCY CONTACT & INSURANCE INFORMATION (Please Print)

Primary Parent/Legal Guardian Emergency Contact	Primary Parent/Legal Guardian Emergency Number
Emergency Contact in lieu of parent or guardian	Emergency Contact Phone Number
Primary Physician Name	Primary Physician Phone Number
Primary Medical Insurance Carrier	Policy or Group Number
Primary Policy Holder Name	
Please list here any known medical conditions or allergies that participant has or any special considerations that coaches or emergency medical personnel should know about. (i.e. Medical or Food Allergies, Asthma, etc.)	

EMERGENCY TREATMENT RELEASE

As the Parent/Legal Guardian, of above named minor, I do herewith authorize the treatment by a qualified and licensed medical physician, nurse or EMT in the event of a medical emergency which in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undo discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact me at the above emergency medical number. Necessary first aid may be administered at the football or cheer site. This release form is completed and signed on my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Name (Please Print)	Signature	Date
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Terms & Conditions:

As the Parent/Legal Guardian of the above named candidate for a position on a football team or cheer squad, sponsored by the H.P.B.F.A., I:

- Understand that all refunds must be in writing. All refunds will be reviewed by the H.P.B.F.A. Executive Board on an individual basis and the Parent/Legal Guardian notified following the discussion. No check will be issued until all equipment has been returned. No refunds will be considered after Official Team Rosters are submitted to BGYFL. All refunds will be subject to the following criteria:
 - Prior to the first day of practice a \$25.00 handling charge will be deducted from the registration fee.
 - First day of practice through Official Rostering (typically Week 1), a weekly rate will be deducted based upon registration fee.
 - If player received a personalized game jersey, \$35 will be deducted from registration fee.
- Understand a \$15.00 service charge will be assessed for any returned checks due to non-sufficient funds or closed accounts.
- Agree to return the uniform and/or equipment issued to our child in as good condition as when received except for normal wear and tear and on the specific dates established by the H.P.B.F.A. or forfeit the deposit provided at Equipment Handout.
- Agree to furnish a Doctor's Certificate of Condition and a Birth Certificate for the above candidate prior to participation in the first practice session.
- Understand that any funds due to the program must be received before Equipment Handout. NO equipment will be issued until any balance has been paid in full.
- Any monies accrued during the season that are outstanding, will be deducted from the Equipment Deposit.
- Give the H.P.B.F.A. permission to use my child's name and/or image in any media or published format to promote the H.P.B.F.A.
- Give approval to participate in any and all H.P.B.F.A. activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from the activities; and hereby waive, release, absolve, indemnify, defend and agree to hold harmless the H.P.B.F.A., the organizers, supervisors, participants and persons transporting my child to and from any activities for any claim and costs arising out of any injury to my child whether the result of negligence or for any other cause, except to the extent of and in the amount covered by liability insurance.

Parent/Guardian Name (PRINT NAME)	Signature	Date
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