

Grand Blanc Youth Football and Cheerleading

2009 Registration Form

	Football <input type="checkbox"/>	Cheerleading <input type="checkbox"/>
Participant	<input style="width: 100%;" type="text"/>	
Address	<input style="width: 100%;" type="text"/>	
City/State/Zip	<input style="width: 100%;" type="text"/>	
Home Phone	<input style="width: 50%;" type="text"/>	School Attending Fall 2009 <input style="width: 50%;" type="text"/>
Previous Organized Tackle Football Experience	<input type="checkbox"/> None <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> 3+ yrs	
Where did you play?	<input type="checkbox"/> GBYF <input type="checkbox"/> GB P&R <input type="checkbox"/> Barry Stokes <input type="checkbox"/> Other _____	
Division for 2008	<input type="checkbox"/> Freshman 8 & 9 Year Olds (Turn 8 in 2009, must NOT turn 10 on or before Aug 15th 2009, Max Weight 90 lbs) <input type="checkbox"/> JV Up to 11years old (Must NOT turn 12 on or before Aug 15th 2009, Max Weight 120 lbs) <input type="checkbox"/> Varsity Up to 12 years old (Must NOT turn 13 on or before June 1st 2009, Max weight 160 lbs)	
Name/Age of siblings playing/cheerleading, if any		
1)	<input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/>
2)	<input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/>

Parent/Guardian #1	Parent/Guardian #2
Name <input style="width: 90%;" type="text"/>	Name <input style="width: 90%;" type="text"/>
Phone <input style="width: 90%;" type="text"/>	Phone <input style="width: 90%;" type="text"/>
E-Mail <input style="width: 90%;" type="text"/>	E-mail <input style="width: 90%;" type="text"/>
Volunteer? Coach, Team Parent, Concession, Game Day	Volunteer? Coach, Team Parent, Concession, Game Day

Medical Information	
Emergency contact <input style="width: 60%;" type="text"/>	Phone <input style="width: 30%;" type="text"/>
Relationship to player <input style="width: 60%;" type="text"/>	
Insurance carrier <input style="width: 60%;" type="text"/>	Policy <input style="width: 30%;" type="text"/>

1. I/We, the parents/guardians of the above-named participant for a position on a Grand Blanc Youth Football (GBYF) team, hereby give my/our approval to participate in any and all GBYF activities, including transportation to and from the activities.
2. I/We know that participation in football and cheerleading may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Grand Blanc Youth Football, Incorporated, the organizers, sponsors, supervisors, coaches, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
4. I/We agree to provide proof of age through a certified birth certificate for the above named participant. I/We understand that our child (participant) must be eligible under the age and weight regulations of Mid-Michigan Rural Football League, Incorporated, to participate in the GBYF, and if any controversy arises regarding age and/or weight, the decision of the GBYF Board and/or MMRFL shall be final and binding.
5. I/We agree to furnish a physician signed MHSAA sports physical card completed and dated AFTER June 1, 2009, for the above named participant, and this card must be on file with the GBYF prior to the first day of practice.
6. I/We understand there will be **NO REFUNDS** except for medicals reason, or relocation.

PLEASE SUBMIT A COPY OF YOUR CHILDS BIRTH CERTIFICATE AT REGISTRATION!

Signature _____ **Date** _____
 Parent/Guardian

GBYF Use Only
 I have examined this application and supporting documents and find them to be in accordance with Mid-Michigan Rural Football League and Grand Blanc Youth Football guidelines.

Signed Waiver	<input type="checkbox"/>	_____
Birth Certificate	<input type="checkbox"/>	_____
Consent to Treat	<input type="checkbox"/>	_____
Code of Conduct	<input type="checkbox"/>	_____

Uniform _____

Fee Paid \$ _____
 Check **Cash** **Charge**

_____ **GBYF Executive Board Member** _____ **Date**

GRAND BLANC YOUTH FOOTBALL AND CHEERLEADING

Code of Conduct for Players and Parents

Parent's Code

I hereby pledge to provide support, care, and encouragement for my athlete's participation in the GBYF program by following this Parent's Code of Conduct.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other GBYF events.

I will place the emotional and physical well-being of my athlete and of all players ahead of a personal desire to win.

I will support coaches and officials working with my athlete to encourage a positive experience.

I will remember that the game is for the athletes – not for the adults.

I will do my very best to make GBYF a fun experience for my athlete.

I will insist that my athlete treat other players, coaches and officials with respect.

I promise to help my athlete enjoy the GBYF experience by doing whatever I can, such as being an enthusiastic fan, providing transportation, and if possible volunteering.

Signature of Parent/Guardian

Date

Player's Code

I hereby pledge to be positive about my GBYF experience and accept responsibility for my participation by following this Player's Code of Conduct.

I will do my best to demonstrate good sportsmanship.

I will encourage good sportsmanship from my fellow players, coaches, officials and parents at every game and practice.

I will attend every practice and game that I can and will notify my coach in advance if I am unable to attend.

I will do my best to listen and learn from my coaches.

I will treat my coaches, other players, officials and fans with respect.

I will have fun during my GBYF experience and will alert parents and/or coaches if it stops being fun.

I will encourage my parents to be involved with my team in some capacity because it's important to me.

I will do my very best in school.

I will remember that GBYF is an opportunity to learn and have fun.

Signature of Player

Date

Medical Treatment Consent

Participant Name: _____ Birth Date: _____

I (the undersigned), as the Parent or Legal Guardian of the child shown above, understand that as a result of his/her athletic participation, an injury could occur that may require medical attention. I further acknowledge that on occasion the coaches and staff of the MMRFL, Local Area Staff, and available medical personnel may be unable to contact me immediately for my consent for emergency medical care. I do hereby authorize the staff of the _____ to consent on my behalf as they may deem necessary to such emergency medical care, including ambulance transport and hospital care, as may be deemed necessary under the then existing circumstances by available medical personnel. I so doing I assume responsibility for the expenses of any such care not covered by my insurance.

Parent or Legal Guardian : _____ Date: _____

Medical Insurance Carrier: _____ Group # _____

Name of Insured : _____ Member # _____

Current Allergies, Conditions, or Medications: _____

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Medical Treatment Consent

Participant Name: _____ Birth Date: _____

I (the undersigned), as the Parent or Legal Guardian of the child shown above, understand that as a result of his/her athletic participation, an injury could occur that may require medical attention. I further acknowledge that on occasion the coaches and staff of the MMRFL, Local Area Staff, and available medical personnel may be unable to contact me immediately for my consent for emergency medical care. I do hereby authorize the staff of the _____ to consent on my behalf as they may deem necessary to such emergency medical care, including ambulance transport and hospital care, as may be deemed necessary under the then existing circumstances by available medical personnel. I so doing I assume responsibility for the expenses of any such care not covered by my insurance.

Parent or Legal Guardian : _____ Date: _____

Medical Insurance Carrier: _____ Group # _____

Name of Insured : _____ Member # _____

Current Allergies, Conditions, or Medications: _____

AMATEUR MINOR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in _____ / MMRFL athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
4. Release, waive, discharge and covenant not to sue _____ / MMRFL its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Please Print Clearly

Participant Name (one per waiver) _____

Participant Address _____ City _____

Name of Parent/Guardian _____

Relationship to Participant _____

Phone Number(s) of Parent/Guardian (____) _____ - _____ (____) _____ - _____

Signature of Parent/Guardian _____ Date ____/____/____

Participant is: Cheerleader Football Player SEASON: _____

Mid Michigan Rural Football League, Inc.