

Wolverines

2010 Parent Registration Check List

Please make sure each form is completely filled out and signed. Bring this packet, along with your registration fee to the registration table.

2010 REGISTRATION FEES: \$50.00 if paid on or before 4/1/2010

_____ Registration Fee Paid CHECK#: _____ LAST NAME ON CHECK: _____

_____ Equipment Deposit Paid **\$200 check (DUE at Equipment handout) post dated for 11/1/2010**

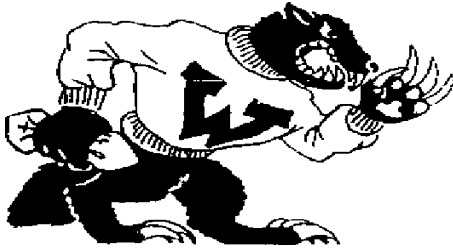
Your son/daughter will not be allowed to participate in ANY Wolverine Activity without providing the organization with the following items:

- _____ Signed Registration form
- _____ Signed Consent and Release Form
- _____ Signed Minor Photo Release Form
- _____ Signed Parent/Athlete Participation Agreement
- _____ Signed Medical Authorization Permission Form
- _____ Signed Waiver & Release of Liability Form
- _____ Signed 2010 Parent/Athlete Expectations Form
- _____ Signed League Insurance Waiver
- _____ Copy of Birth Certificate (unless returning athlete as we have it on file)
- _____ Physical Exam Report **DATED 2010**
- _____ Copy of FINAL 2009/2010 Report Card (For SAU verification)

If you were unable to give us all of the needed information tonight, please mail it to us as soon as possible to:

Wolverine Youth Football Association
55 Crystal Avenue, PMB 287
Derry, NH 03038

For more information about the organization AND to register for e-mail notifications throughout the season, please visit our website:
www.derrywolverines.com



Wolverines

REGISTRATION FORM

Athlete Name: _____ Age: ____ DOB: _____

Home Address: _____ NH _____

Phone Number: _____ Parent E-Mail Address: _____

Alternate E-Mail Address: _____

Mothers Name: _____ Cell Phone # _____

Address: _____

Fathers Name: _____ Cell Phone # _____

Address: _____

Guardian Name: _____ Phone # _____

Address: _____

Alternate Phone Numbers:

Name: _____ # _____ Relationship _____

Name: _____ # _____ Relationship _____

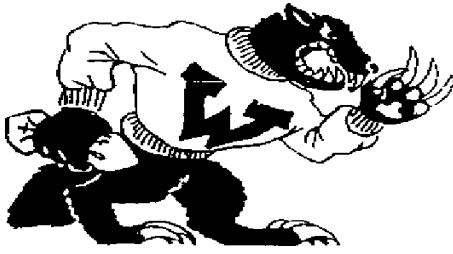
Athlete lives with:

- Both Parents Mother Father Guardian
-

Any monies collected by or for the organization through registration fees, fundraising or incentives are **NON-REFUNDABLE**. Incentive prizes earned will only be given to all members in good standing. (It will be up to the coaching staff to determine which members are in good standing.) All monies collected for Post-Season travel are **NON-REFUNDABLE**. I have read the statements listed above, I understand and agree to them.

Signed: _____ Date: _____

Relationship to Athlete: _____



Wolverines

CONSENT AND RELEASE FORM

Athlete Name: _____ Date of Birth: _____
 Address: _____ Town: _____ State: _____ Zip: _____
 Telephone: _____ School: _____ Grade:(Sept): _____
 Health Insurance Carrier: _____ Policy #: _____

I, _____ (Father/Mother/Guardian) of the above named child hereby agree as follows:

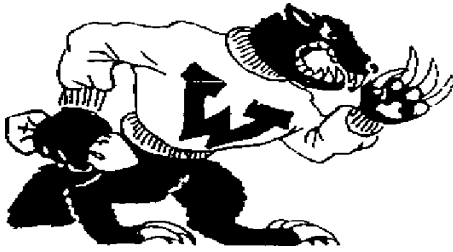
1. My child is physically healthy and able to participate in the events as a football player/cheerleader.
2. My child, if injured or ill earlier in the year, is now physically fit to participate in such activities according to his/her physician.
3. My child's coaches will be made aware of any condition, such as asthma, that my child suffers from, and shall be allowed to carry the necessary medication or devices (such as inhaler) as may be necessary.
4. At all times, at the site of the events, in case of a medical emergency I hereby authorize any local hospital. Doctor or other licensed medical practitioner, as well as emergency medical treatment personnel (EMT), to take what they feel are the correct procedures as an aid to my child's health and well being. This permission is extended, as necessary, to the "Wolverine Youth Football Association, Inc." and any local hosting organization of an event, or their employees, agents and volunteers. If I am present and available at the site and time of the medical emergency, I will retain my right to make all necessary decisions concerning medical treatment of my child.
5. When attending an event, I understand my child is expected to stay with the team and not with me for the duration of the event.
6. Any travel, hotel, banquet or other arrangements are not the responsibility of the "Wolverine Youth Football Association, Inc."
7. If my child is to participate in an event sponsored by the "Wolverine Youth Football Association, Inc." it is understood he/she will maintain sound scholastic standings.
8. If my child is injured at an event and has seen or been referred to a doctor, he/she will obtain a written release from the physician prior to reinstatement.
9. It is understood that the athlete is financially responsible for all equipment issued to him/her.
10. It is understood that the coach's standard will be maintained at all times.

This agreement has been designed to bring an understanding between the "Wolverine Youth Football Association, Inc.", the athlete, and the parent/guardian. As a participant, I fully understand the time commitment required of me as a member of the squad.

We ask that all athletes and parents/guardians read and sign the agreement, indicating full acknowledgement of the agreement.

Athlete Name: _____ Date: _____

Parent/Guardian: _____ Date: _____



Wolverines

MINOR PHOTO RELEASE

I/We, the undersigned, am/are the parent(s) or Guardian of the MINOR child whose name is listed below. I/we the undersigned, being of legal age, do hereby CONSENT and GRANTS PERMISSION to VIDEO TAPE, PHOTOGRAPH, or FILM:

(Name of child)

in connection with the WOLVERINE FOOTBALL GAMES or CHEERLEADING COMPETITION and to the perpetual right to use copies, dubs, or any other reproduction of any recorded element including SOUND recordings, including the NAME of the person, their likeness, or picture in or in connection with the exhibition as may seem proper.

I/We further AGREE and WARRANT that the above-mentioned MINOR, will not disaffirm or disavow said CONSENT for any reason whatever, or endeavor to recover any sums for participating in the above-mentioned PRODUCTION.

Name of Minor Athlete: _____

Name of Parent or Guardian: _____

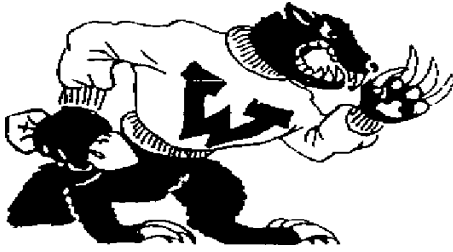
Address: _____

Phone #: _____

Please sign and return to registrar

Parent or Legal Guardian Signature

Date



Wolverines

PARENT/ATHLETE PARTICIPATION AGREEMENT

NAME OF ATHLETE: _____

NAME OF PARENT/GUARDIAN: _____

The Wolverine Youth Football Association is a non-profit organization for Junior High students. In order to keep this organization going, buying uniforms and equipment, we must do fundraising.

This year we will have ONE MANDATORY fundraiser in which your child (children) must participate. This does not include post season play fundraising. If the team goes on to any post season play (Florida), we will be conducting additional fundraising for that trip. The post season fundraising is not mandatory.

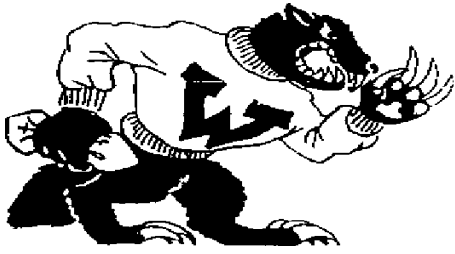
We are giving parents the option of paying for the mandatory fundraising ahead of time. If you would prefer to pay for the fundraising with your registration fee, please see below.

- I choose to pay \$100.00 registration fee, which includes the mandatory fundraising.

- I choose to pay \$50.00 registration fee and agree to participate in the **MANDATORY** fundraisers. If I do not participate as agreed, I agree to pay up to an additional \$50.00 for fundraising.

Signature of Parent or Guardian

Date:



Wolverines

MEDICAL AUTHORIZATION PERMISSION FORM

Athlete Name: _____ Date: _____

- Has my permission to go on the trip for post season play.
- Has my permission to go swimming.
- Doesn't have my permission to go swimming and has been so instructed.
- In the event that the need arises to provide unforeseen or emergency medical treatment to my son/daughter, I understand that every effort will be made to contact me for my permission. However, in the event that I can't be contacted, I hereby authorize the coaching staff of the Wolverine Youth Football Association to act on my behalf and give them the Medical assignment release for necessary medical treatment.

During the football season, I should be able to be reached by telephone at one of the following numbers:

Home Area Code & # _____

Work Area Code & # _____

Alternate Area Code & # _____

Alternate Area Code & # _____

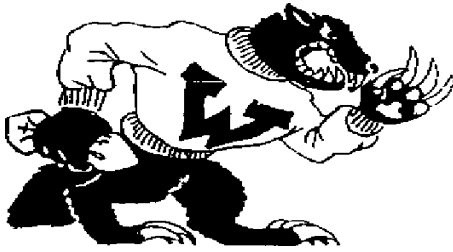
My son/daughter has no known allergies to any medication _____.

My son/daughter is allergic to the following medicines or other natural substances:

My son/daughter is currently taking the following medications:

Signed: _____ Date: _____

Parent or Legal Guardian



Wolverines

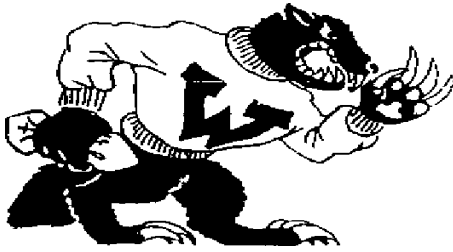
WAIVER AND RELEASE OF LIABILITY FORM

In consideration of being allowed to borrow/use in any way the Wolverine Youth Football Association, Inc. equipment for athletic/sports program, related event or activity outside of the regular sponsored season events, the undersigned acknowledges, appreciates, and agrees to that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participate; and
3. I willingly agree to comply with the stated and customary terms and conditions for participate. If however, I observe any unusual significant hazard during my presence or participate, I will remove myself from participate and bring such to the attention of the nearest person in charge immediately; and,
4. I, for myself and on behalf of my heirs, assigns personal representatives and next of kin hereby release and hold harmless the Wolverine Youth Football Association, Inc. their officers, officials, agents and/or coaches with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releases or otherwise.

I have read the release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signed: _____ Date: _____



Wolverines

2010 PARENT/ATHLETE EXPECTATIONS

PARENTS:

As a parent of a child participating in the Wolverines Youth Football Association, **I agree to:**

- A) Be an active participant of the Wolverines Youth Football Association *FAMILY* by participating **with my child** in association events (family cookout, pancake breakfast, pot luck dinner, games, competitions)
- B) Provide transportation for my child to all events, practices, games, competitions
- C) Purchase necessary equipment not provided by the organization, if any is required
- D) Accept responsibility for “**home game**” assignment (i.e. work in concession, work on field, clean up, etc.)
- E) Display positive sportsmanship at all times
- F) **Accept the decisions of the coaching staff, knowing that my child’s skill level and safety are of the utmost importance**

Signed: _____ Date: _____

ATHLETES:

As an athlete participating in the Wolverines Youth Football Association, **I agree to:**

- A) Make a commitment to my team by attending **ALL** practices, games, fund raising activities and family events sponsored by the organization
- B) Be respectful of my parents, coaches, team mates and opponents
- C) Display positive sportsmanship at all times
- D) Accept the decisions of my coaches
- E) Be respectful of the uniform loaned to me and return it in good condition at the end of the season

Signed: _____ Date: _____