



# NORTH RIDGEVILLE FOOTBALL LEAGUE REGISTRATION



JUNIOR FLAG - AGES 5, 6, & 7

SENIOR PADDED FLAG - AGES 8 & 9

Last Year's Team Name (if applicable):		2018 Division (if applicable):	
CHILD FIRST NAME:		CHILD LAST NAME:	
ADDRESS:			
CITY:		ZIP CODE:	
HOME PHONE:		CELL PHONE:	
EMAIL ADDRESS:		ALT. EMAIL ADDRESS:	
D.O.B.:	AGE:	HEIGHT:	WEIGHT:
MOTHER'S NAME:		FATHER'S NAME:	
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT PHONE:	
JERSEY SIZE (CHECK ONE): <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL JERSEY #: <input type="text"/>			
CHEER UNIFORM SIZE: VEST: <input type="text"/> SKIRT: <input type="text"/> SPANKY: <input type="text"/> <b>(PLEASE MEASURE CHEST/ WAIST)</b>			

**CONSENT FOR MEDICAL TREATMENT (MINOR)** - AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED PARTICIPANT, I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR A DOCTOR OF DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSURANCE-** ALL PARTICIPANTS IN THE N.R.F.L. MUST HAVE MEDICAL INSURANCE. IF PARTICIPANT DOES NOT HAVE HIS/HER OWN MEDICAL INSURANCE, THE LEAGUE WILL PROVIDE COVERAGE FOR A FEE OF \$50.00 IN ADDITION TO THE REGULAR REGISTRATION FEE. PLEASE CHECK THE FOLLOWING:

MY CHILD IS ALREADY UNDER FAMILY MEDICAL INSURANCE AND DOES NOT NEED TO PURCHASE LEAGUE INSURANCE

MY CHILD DOES NOT HAVE MEDICAL INSURANCE AND WOULD LIKE TO PURCHASE LEAGUE INSURANCE

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH FOOTBALL AND THE NORTH RIDGEVILLE FOOTBALL LEAGUE ACCEPTING THE REGISTRANT FOR ITS FOOTBALL PROGRAMS AND ACTIVITIES, I/WE HEREBY RELEASE, DISCHARGE AND/OR OTHERWISE INDEMNIFY THE NORTH RIDGEVILLE FOOTBALL LEAGUE, IT'S AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES, AND ASSOCIATED PERSONNEL. INCLUDING THE OWNERS OF THE FACILITIES UTILIZED BY THE FOOTBALL LEAGUE AND ITS VOLUNTEERS, AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE NORTH RIDGEVILLE FOOTBALL LEAGUE.

MY SIGNATURE AUTHORIZES THE ABOVE-NAMED CHILD TO PARTICIPATE IN ANY AND ALL ACTIVITIES OF THE N.R.F.L.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

WE ENCOURAGE PARENT PARTICIPATION. PLEASE CHECK IF INTERESTED: HEAD/ASST. COACH  SQUAD MOM  TEAM PARENT

**REGISTRATION FEES DUE @ TIME OF REGISTRATION: FOOTBALL PLAYERS \$105.00 - CHEERLEADERS \$95.00**

**PLEASE MAKE CHECKS PAYABLE TO: N.R.F.L. P.O. BOX 39333, NORTH RIDGEVILLE, OHIO 44039**

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**BOARD USE ONLY DATE:**  **AMT. PD.**  **CHECK #:**  **BOARD INITIAL:**  **EARLY REG:**