



Skokie Park District Tackle Football



2018 fall teams for grades 3-8

Play in the Park Ridge Junior Falcons Youth Tackle Football League

Communities consist of Skokie, Glenview, Northbrook, Kenilworth, Deerfield, Vernon Hills and Park Ridge, which will host most of the games in their league.



New website information/registration can be viewed at: www.skokiefootball.com

Pre-Season Registration:

Fri., June 22nd: 5 - 8:00pm, Sat., June 23rd: 9am-12:00 noon (Weber Leisure Center)

15% discount if pay in full (Return players)

10% discount with minimum \$100 deposit (Balanced due by 8/15/18)

Circle code(s)

Grades 3rd-4th (Combined)

Register Code #: 850631-01

Grades 7th-8th (Combined)

Registration Code #: 850631-03

Grades 5^h- 6th (Combined)

Registration Code: 850631-02

There will be weight restrictions to carry ball in all grade divisions and weight strippers for line positions apply.

Fees

- Cost for the season is **\$275/player**.
Discount: \$450 maximum for families that sign up multiple children.
- Pay on-line or on website above or make checks payable to: "Skokie Park District"
- Mail/drop fees/forms to: Bob DeLeonardis, Skokie Park District, Weber Leisure Center, 9300 Weber Park Place, Skokie, IL 60077. (Contact information: (847) 929-7183; rdeleonardis@skokieparks.org)

Practice Schedule

- Helmet distribution, drills practice and registration August 13th - 14th; 5:30 – 7:00pm, Niles West High School practice field. **ALL PARTICIPANTS REGISTERED BY AUGUST 15TH RECEIVE "FREE" FOOTBALL SHIRT.**
- Helmets only practice begins Wed., August 15th at Niles West, 5:30-7pm, through Fri., August 17th.
- Equipment distribution will occur during practices on August 16, 17, 18th. Athlete must be present with registration form and medical information signed by physician (see form on back page).
- Pre-Season practices will go from 5:00PM-7:00PM, tentatively, Monday – Saturday, starting 8/20 to 8/31/18.
- Regular season practices start Sept., 4th
- Games will be on Fridays/Saturday nights in Park Ridge or Sunday afternoons at surrounding communities, beginning September 7th - through end of October, first week of November.



Skokie Park District Tackle Football Registration Form

ATHLETE INFORMATION

Name _____ Weight _____ Date of birth _____ Phone _____
Address _____
School _____ Grade in fall of 2018 _____ Parent/Guardian Names _____
Parent/Guardian E-Mail _____

PARENT/GUARDIAN PERMIT

I, the undersigned parent or legal guardian, have discussed the policies required for participation in the Skokie Park District Tackle Football program. My son/daughter has my complete support and permission to practice and compete in this program.

Signature _____ Date _____

LIABILITY & INSURANCE WAIVER

I, the undersigned parent or legal guardian, do acknowledge, understand, and agree that in participating in this program, there is a possibility of physical illness or injury and that my child is assuming the risk of such injury in his/her participation.

In consideration of the above, I do hereby consent and agree to release, indemnify, and hold harmless the Skokie Park District, its' officials, coaches, managers, and representatives from any claims and liability of any kind or nature which may arise at any time of or in connection with the Skokie Park District.

Furthermore, I understand that my personal medical coverage is a requirement for my child to participate in the program. In order for my child to participate in this program, the Skokie Park District will purchase supplemental medical insurance for each participant, and that this insurance will only supplement my own medical insurance coverage. I understand and agree that all bills for medical care and treatment will be forwarded to my insurance company and I assume all responsibility for injuries my child may receive while going to, returning from, or participating in this program.

Finally, I agree that my child will be my responsibility at the conclusion of each practice session, and the coaching staff is not responsible to chaperon/supervise after practice ends, except when notified of any emergency.

My child is covered by the following existing medical health insurance policy:

Name of company: _____ Address of company: _____

Medical Insurance Policy #: _____ Signature _____ Date _____

EMERGENCY SERVICE AUTHORIZATION

I, the undersigned parent or legal guardian do hereby authorize the officials, coaches, or representatives of the Skokie Park District Tackle Football program to obtain emergency medical treatment for any illness or injury while participating in this program.

Signature _____ Date _____

EMERGENCY NOTIFICATION INFORMATION

Family Doctor _____ Phone _____

Address _____

Name #1 _____ Phone _____ Name #2 _____ Phone _____

PARENT QUESTIONS & RESPONSIBILITIES

Are you interested in coaching in this Program? (Circle) Yes or No

Are you interested in volunteering for this Program? (Circle) Yes or No

I understand that if I do not return all of the equipment provided, then I am responsible for a \$150 equipment fee, payable at the end of the season.

Yes, please initial here: _____

DOCTORS PERMIT

I find this student free of any contagious disease and physically fit to participate in the Skokie Park District Tackle Football program. Any pre-existing condition or use of medications that could affect this child while playing youth football MUST be listed below. This information will remain private and is necessary in case emergency medical treatment is needed.

Doctor Signature _____, M.D. Date _____

