

2011 Cardinal Youth Football Registration Form

Check #: _____

Student-Athlete Information:

Head Coach: _____

Last Name: _____ First: _____

Birth Date: _____ Age (years): _____ Grade in fall 2011: _____

~ Height (ft & in): _____ ~ Weight (lbs): _____ (subject to verification)

School in fall 2011: _____ Student-Athlete email _____

Home/Parent/Guardian Information:

Home Address: _____ City: _____ Zip: _____

Home phone: _____ Home email: _____

Father: _____ Mother: _____

Father cell: _____ Mother cell: _____

Father email: _____ Mother email: _____

Guardian/Other: _____ Phone: _____

Acknowledgement of Personal Accountability

I acknowledge that I am personally accountable for my words and actions, on and off the field of play as a member of the Cardinal Youth Football Program. I understand that my words and actions can affect my participation in this program. I will do my best to be a positive influence in all that I do at school, at home, in the community and on the field. I will do my best to conduct myself as a leader, striving to do the right thing and make good choices. I will be responsible for my mistakes and errors in judgment and accept the consequences for my action or **inaction**. I recognize that making a mistake provides an opportunity to learn from it, improve and be better prepared to face similar tests in the future.

I acknowledge that I am personally accountable for all equipment issued before the start of the season (helmet, chin strap, home/away game jerseys, practice jerseys, practice pants, game pants, shoulder pads, hip, tailbone, thigh, kneepads, and belt) by the Cardinal Youth Football program. I understand that I will be responsible for the replacement costs of anything lost during the season.

Student-Athlete Signature: _____ Date: _____

Parent Signature: _____ Date: _____

The registration fee is **\$200.00** per child per season. However, if you have more than one child playing Cardinal Youth Football this year, each additional child would play at a reduced fee of **\$100.00**. Please mail in your completed registration form, checks made payable to **“M-T Optimists - Cardinal Football”** to:

**Cardinal Youth Football
C/O: Mark J. Hahn - Director
10028 N. La Cresta Drive 8W
Mequon, WI 53092**

Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Wisconsin All-American Youth Football League (AAYFL) related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the 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 such risks**, both known and unknown, **even arising from the negligence of the releasees or others**, and assume full responsibility for my participation; and,
3. I will comply with all rules and regulations of the WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE and its member organizations (copies of rules and regulations are available upon request from the member organization for which this application is intended); and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
5. I, for myself and behalf of my heirs, assigns, personal representatives and next of kin, **hereby release and hold harmless** the Wisconsin All-American Youth Football League (AAYFL) its members, their officers, its coaches, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. (“Releasees”), **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 this release and 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 inducement.

Student-Athlete’s Signature: _____

Date Signed: _____

For Parents/Guardians

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the releasees from and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, even if arising from their negligence. **(A reminder that all players must be 14 years of age – or less - to compete in the Cardinal Youth Football program.)**

Parent/Guardian Signature: _____

Date Signed: _____

Emergency Contact: _____

Phone: _____

Relationship to student-athlete: _____

