

**Plainsmen Junior Football League
2008 Tackle Registration Form**

Player Name: First _____ Last _____

Age (Fall 2008): _____ Birth Date: ____/____/____ **School Grade This Fall:** 4th, 5th, 6th, 7th

Address: _____ City _____ Zip _____

Home Phone: _____ Years played in Jr. Plainsmen Football League: _____

E-Mail Address: _____ Mom Cell: _____ Dad Cell: _____

Other Football Experience: Pop Warner Tackle Summer Camp Other _____

Mother's Name: _____

Father' Name: _____

Please consider becoming a VOLUNTEER OR SPONSOR in our league. Check your interest below and you will be contacted by a league representative:

Head Coach Team Manager Yearbook Committee League Administration Field Prep
Assistant Coach Equipment Committee Apparel Committee Shed Clean Up Repair
I am interested in advertising in the Yearbook Team Sponsor (\$150 cost) I am CPR certified

For updated information on the ***program, important dates and times, cancellations*** etc., please stay tuned to the website. www.jrplainsmenfootball.org

In order to play in the Plainsmen Junior Football League, players must have medical insurance coverage. ***The League does not provide individual insurance coverage for players and will not allow uninsured students to play.***

I have medical insurance coverage for the above registered player: Yes _____ No _____

I, the undersigned parent or legal guardian of the above player, do hereby consent and agree that the above named player may participate in the **Plainsmen Junior Football League**. I further consent that my son be examined prior to active participation by a physician the League may supply and that the physician's opinion regarding my child's physical condition and ability to play the game of football shall be conclusive. It is agreed that the named association or sponsor assumes no legal liability for injuries or other loss as a result of such participation. It is further agreed that this consent shall remain in full force and effect until such time as the undersigned parent or legal guardian shall notify the **Plainsmen Junior Football League** in writing of the abrogation or cancellation of this consent.

I understand that my child(s) photo may appear on the league website or yearbook.

Parent or Legal Guardian _____ Date _____

MAKE CHECKS PAYABLE TO PLAINSMEN JR FOOTBALL
RETURN FORM & \$100 PAYMENT TO:

Joseph Picard c/o Plainsmen Jr. Football, 14 Village View Bluff Ballston Lake New York 12019

For Official Use Only

Payment Received Paid by Check # Paid by Cash Date Refunded & Ck. #