

2012 HOMER STALLIONS YOUTH FOOTBALL, INC.
SOUTHWEST SUBURBAN FOOTBALL LEAGUE
(PLEASE PRINT NEATLY)

CHILD NAME: _____ BIRTH DATE: _____ Wt: _____
Name child goes by (B.J. or William; Jennie or Jennifer) Approx.
First & Last Name T-SHIRT Size BOY or
Child/Adult: _____ GIRL

ADDRESS: _____ AGE: _____ GRADE: _____
Includes full Street Name, N., S., Dr., Pl., Tr., etc. As of 9/1/2012 As of 9/1/2012

CITY: _____ ZIP: _____ PHONE: _____ EMAIL: _____

Are you a previous Stallion? YES NO Do you live in Homer Township? YES NO

HOMER STALLIONS YOUTH FOOTBALL, INC. of the Southwest Midget Football League, officers, members, and agents are not responsible for any injury occurred while playing in the Southwest Suburban organized football, whether it be at practice games, in transit to or from any practice or games. The registration fee includes full insurance coverage of all participants for the period of July 1st through December 31st.

I, the undersigned, assume responsibility for all equipment issued to my child and understand said equipment is the sole property of HOMER STALLIONS YOUTH FOOTBALL, INC. Equipment is issued on a loan basis for the current season only. All equipment must be kept in good condition and not abused. Said equipment issued to the youth noted above must be returned to the Homer Stallions upon request. It is understood that failure to return said equipment by the date requested in whole or part of entire issue will result in loss of participation refund, billing to the undersigned for the full replacement cost of the equipment in question, plus any recovery cost incurred.

Football Players Only NON-Detachable Rubber or Plastic Spikes allowed

I, the undersigned agree and acknowledge that when participating in Homer Stallions activities, my child may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, the organization website, and other published formats for the Homer Stallions. I acknowledge that the images will be the sole property of the Homer Stallions.

I, the undersigned, as a participant in HOMER STALLIONS YOUTH FOOTBALL, INC. agree to abide by the rules and regulations in the current edition of the HOMER STALLIONS YOUTH FOOTBALL AND CHEERLEADING HANDBOOK and PARENT/PLAYER CODE OF CONDUCT.

ANY CHILD WHO REQUESTS A REFUND ON OR BEFORE JULY 28TH AT EQUIPMENT PICK-UP WILL RECEIVE A 100% REFUND. ANY CHILD WHO REQUESTS A REFUND AFTER JULY 28TH AT EQUIPMENT PICK-UP WILL FORFEIT 25% (\$50.00) OF THEIR REGISTRATION FEE.
UNDER NO CIRCUMSTANCES WILL REFUNDS BE GIVEN AFTER AUGUST 9TH

This certifies that the undersigned parent or guardian gives his/her permission for the said youth to take part and participate in HOMER STALLIONS YOUTH FOOTBALL, INC. of the Southwest Suburban Football League during the season and attest that all information on this form is correct to the best of my knowledge.

Make checks payable to HOMER STALLIONS

PRINT FULL NAME: Mom _____ Dad _____
(First & Last) Mom Cell Phone _____ Dad Cell Phone _____

SIGNED: Mr. / Mrs. _____

HOMER STALLIONS YOUTH FOOTBALL, INC. – MEDICAL RELEASE

PARENTS OR GUARDIANS AUTHORIZATION DATE: _____

In case of emergency, if family physician cannot be reached, I hereby authorize _____
to be treated by another physician who is available. (Cheerleader's/Football Player's Name)

FAMILY PHYSICIAN _____ PHONE _____
ADDRESS _____ CITY _____
Current on school shots (circle one) Y N Allergies/Asthma _____
Name of Family Insurance _____ Policy Number _____

I, the undersigned parent or guardian, do hereby release and hold harmless the physician, hospital personnel and every other official; hereby agreeing not to prosecute medical claims against them, thereby waiving any and all claims that may arise as a result of medical services provided to our son/daughter, while a member of the HOMER STALLIONS YOUTH FOOTBALL, INC.

SIGNED: Mr. / Mrs. _____ Date _____

OFFICE USE ONLY	\$125.00	\$250.00	
	FLAG	TACKLE	TOTAL FEE \$
PAID BY CASH _____	PAID BY CHECK _____		TOTAL AMOUNT PAID \$
	NO. _____		TOTAL AMOUNT DUE \$
WITNESS _____	DATE: _____		