



Camp Registration Form 2016

Pullman Youth Football Association

Players Name: _____	Birthdate: ___/___/___	Grade: ___
Address: _____	City _____	State _____ ZIP _____
Parent 1 _____	Parent 2 _____	
Cell # _____	Cell # _____	
Home # _____	Home# _____	
Email: _____	Email: _____	
(Please Print Clearly)	(Please Print Clearly)	
Player T-Shirt Size (Youth): <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		

Medical Information

Family Physician: _____ Phone: _____
Insurance Company: _____ ID Number: _____

Emergency Contact Name:	Relationship:	Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Special Medical Instructions: _____		

Allergies: Please check the following

Food Bee Sting Medication Latex Other

Please Explain:

If in the event that my child is injured or should require medical attention, I hereby authorize Pullman Youth Football Association to secure necessary medical treatment. Confirmation of this authorization should be made with me prior to treatment by calling the number(s) listed above. In case I cannot be reached for an emergency, medical treatment as described above may proceed without further authorization.

Also, in consideration of your accepting my child's entry, I hereby assume for myself/my child all risks for damages I/my child may have against the Pullman Youth Football Association or it's volunteers connected with the program. I also acknowledge for myself/my child that *the Pullman Youth Football Association provides no medical coverage of any kind for any accidents or injuries that might result during participation in Pullman Youth Football Association activities.*

Parent Signature: _____ **Date:** _____

Fees: \$10 Please Indicate: [] Cash [] PayPal or [] Check

LIABILITY WAIVER

I, the parent/guardian and participant, understand that the game and sport of football is an inherently dangerous activity and that there are genuine and real serious risks to anyone who engages in this activity. We also understand that football is the highest risk sport for injury at the high school level. The game of football calls for heightened physical contact and collisions, hence, we acknowledge and understand that the risk of serious physical injury, including catastrophic injury resulting in permanent paralysis, brain injury, or death, does exist.

We knowingly assume responsibility for any and all such risks and any and all resulting injuries, including death. We promise to accept and assume responsibility and risk for injury, death, illness, disease, damage to property arising from my traveling to, participation in, or returning from this activity. And we do hereby voluntarily choose to participate in this event in spite of the risks. Furthermore, we attest that the participant is physically fit and has sufficiently trained for this event. My child (the participant) does not have any medical record or history that could be aggravated by his/her participation in this activity.

My signature below indicates I have read this entire document, understand it completely, and agree to be bound by its terms.

Parent/guardian signature: _____ **Date:** _____

PLAYING TIME ISSUES

There are approximately 25 players on the team and only 8 positions on the field at once. Because of this, every player will not receive equal playing time. In addition, while the coaches' aim is not to win at any cost, the reality is that the players have a better experience when they win games, or at least believe they were competitive in the game.

As a consequence of the above facts, the coaches have developed the following criteria for determining playing time:

1. Every player must know and perform appropriate blocking and tackling.
2. Every player must know and perform their responsibilities for every play they are involved in.
3. If a player expresses a desire to not play, that desire shall take precedence over the desires of any of the adults (coaches or parents).
4. In the first 3 quarters of a game, the coaches will attempt to insure that every player gets the equivalent of 1 quarter of playing time.
5. Player enthusiasm, hustle, conditioning, practice participation and attitude will directly influence playing time. If you feel that your child is not receiving significant playing time, please schedule a meeting with the president and the coaches. The president and coaches can then hear your concerns, and give advice on what areas to improve on.

Photo Release

I give my permission for my above named child(s) photo to be used in the game programs, and/or roster listings. I give my permission for my child(s) photo to be used on the website www.pullmanyouthfootball.org and the Pullman Junior Grey Hounds Facebook page, no child's name will be associated with any photograph and every effort will be made to use photos a child will not be easily identified.

Parent Name (print) _____
Parent signature: _____ **Date:** _____