

2006 LYF REGISTRATION FORM

PLAYER INFORMATION (please print)

Name _____ Date of Birth _____
Address _____ School _____
Grade _____ Age (as of 8/1) _____

PARENT INFORMATION (please print)

PRIMARY SECONDARY

Name _____ Name _____
Address _____ Address _____
City St Zip _____ City St Zip _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____

Emergency Contact & Phone _____

Email Address (please print clearly) _____

League Fees - \$80.00 must be paid prior to check-out of equipment

Fund Raise - Plan to participate (Minimum requirements) Yes _____ No _____

Minimum requirement to sell 10 cards if no, see Buyout

Buyout ? League fee and fundraiser total - \$ 160.00. Must be paid prior to checking out equipment

Scholarship Program: See your coach for this availability - Open to all Players

WAIVER OF LIABILITY AND ACCEPTANCE OF LYF POLICIES: "We the undersigned, hereby bind ourselves, our heirs, assigns and personal representative to waive and release Lawrence Youth Football Incorporated and any and all of their agents, officers, coaches, committees, representatives, members and/or member parents, as well as any other football associations, teams, schools or officials, or team members, against or with whom the participant named below may be participating or practicing, from any and all claims or rights to damages for injury or losses suffered directly or indirectly in training, workouts, attendance, participating in or travel from practices or competition."

"We hereby give our consent for the named participant to compete in football and travel with the Coach or representative of the team on any trips. In case of injury or illness of the named Contestant, we hereby give consent any paramedic, licensed physician, or other persons Authorized by LYF, Inc., to transport the named contestant and obtain and/or render necessary First aid and/or medical treatment.

"I hereby give my consent for the above named to compete in the football program, hereinafter Referred as LYF, In Further, I hereby waive all claims for accidents or liability of any kind against the LYF, Inc. program, its coaches, managers, directors, advisors or members of this organization to include, but not limited to Youth Sports Incorporated and any of its owners/lessors of any site where a member team practice or play. To the best of my knowledge the above named child is physically fit to participate in the football program. I agree to abide by the rules of this organization.

I understand this means that said individual and I cannot sue LYF, Inc. or any person associated With LYF, Inc. in event of injury and that we must rely on our own health insurance or other Financial resources in case of injury.

I understand that I am responsible for the equipment (helmet and chin strap, shoulder pads, pants And pads and gannet jersey provided by LYF, Inc. If the equipment is not checked back in within 10 days after the football season, I will responsible for replacement of the equipment or \$200.00 (Two hundred dollars). In addition, I will be responsible for all Fund Raising monies and unsold Merchandise not returned.

Printed name Parent or Guardian: _____

Signature: _____ Date _____

All return checks will be processed by Collection Bureau of Lawrence with fee