

Player's Name _____ Date of Birth _____

Parent/Guardian's Names (please print ALL Parent/Guardian Names here:

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Address _____ Home Phone _____

Cell Phone(s) _____ / _____ e-mail address(es): _____

IN SEPTEMBER 2009, the player named above will be in the _____ grade at _____ school.
On December 31st, 2009, the player named above will be _____ years old.

- In consideration participating in the Hawthorne Cubs Association program, its related events and activities, I acknowledge and agree that:
- The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist.
 - I KNOWINGLY AND FREELY ASSUME ALL RISKS, KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, AND ASSUME FULL RESPONSIBILITY FOR MY CHILD'S PARTICIPATION, and
 - I willingly agree to comply with the stated and customary terms and conditions for participants. If, however, I observe any unusual significant hazard during my presence or participating, I will remove my child from participating and bring it to the attention of the board representatives of the Hawthorne Cubs and/or the coaches immediately.
 - For myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Hawthorne Cubs Football Association, their officers, officials, agents and/or employees, other participants sponsors, advertisers, and if applicable, owners and leasers of premises used for the activity.
 - I give my approval to the above child's participation in any of the activities of the Hawthorne Cubs Football Association. I assume all risks and hazards to the conduct of the activities and transportation to and from the activities. I likewise release from responsibility any person transporting my child to or from activities. I further release, absolve, indemnify and hold harmless the Hawthorne Cubs Football Association and the organizers, sponsors and all coaches, volunteers, vendors, supervisors, any and all of them.

Although the Hawthorne Cubs Football Association does not require a physicians medical report, I assume all responsibility of my child's physical condition and medical attention in the event it is required.

THE HAWTHORNE CUBS FOOTBALL ASSOCIATION STRONGLY RECOMMENDS YEARLY PHYSICALS FOR CHILDREN PARTICIPATING IN ANY SPORT.

I understand that the registration fee is not refundable in the event my child decides not to continue in the program. All refunds will be paid by check, regardless of method of registration/deposit fee.

I understand all equipment must be returned immediately following the season in same condition as issued, except for normal wear.

REQUIRED: Signature of Parent or Legal Guardian _____ Date _____

PLAYER REGISTRATION: \$75.00 FAMILY FEE MAX (MORE THAN 1 PLAYER): \$100.00
EQUIPMENT/SNACK STAND DUTY DEPOSIT: \$50.00 (REFUNDABLE)*

Practice begins in August; practices are generally held at the Franklin Field (next to the Boys and Girls Club) **SQUAD AGE LIMITS:**

- 1. Mighty Mites:** Players meeting weight limits, are in 1st or 2nd grade, and have not turned 8 before July 1st.
 - 2. Pee Wees:** Players meeting weight limits, are in fourth grade or less, and have not turned 10 birthday before Jan 1st.
 - 3. Junior:** Players who meet weight limits, are in the sixth grade or less, and have not had their 12th birthday before January 1.
 - 4. Senior:** Players who meet weight limits, are in the eighth grade or less, and have not had their 14th birthday before January 1.
- * **\$50.00 REFUNDED UPON RETURN OF EQUIPMENT AND COMPLETION OF ALL SNACK STAND ASSIGNMENTS**

OPTIONAL: CONSENT TO OBTAIN EMERGENCY MEDICAL TREATMENT

As parent/guardian of _____, I hereby authorize the coaches and or officials of the Hawthorne Cubs Football Association, in the event of my absence or unavailability to give my consent, to act on my behalf to obtain medical care or treatment for my son/daughter. I further release the coaches, officials and the Hawthorne Cubs Football Association from any and all liability whatsoever arising out of the exercise of the authority given hereunder to obtain emergency medical care or treatment for my son/daughter.

Signature of Parent/Guardian _____ Date _____

CUBS ASSOCIATION USE ONLY: Completed By:		Date Paid	Cash or Check? (circle one)	Check Number
Check if PAID <input type="checkbox"/>				
Player's Level (circle one)	\$75 Registration Fee		Cash <input type="checkbox"/> Check <input type="checkbox"/>	
Mighty Mite <input type="checkbox"/> Pee Wee <input type="checkbox"/>	\$50 Deposit Paid		Cash <input type="checkbox"/> Check <input type="checkbox"/>	
Junior <input type="checkbox"/> Senior <input type="checkbox"/>	Family Fee: \$100		Family Fee applies ONLY if more than one SIBLING plays.	
Additional Comments here:				

PLEASE NOTE THAT THE OTHER SIDE OF THIS FORM ALSO NEEDS TO BE SIGNED