

Razorbacks 2012

Registration for Tackle Football/Cheerleading

Player/Cheerleader's Name: _____ Reg.# _____
(As it appears on Birth Certificate: Full Name: First, MI, Last)

Street _____ City _____ State _____ Zip _____

Telephone# _____ Date of Birth: _____ Age as of July 31st _____

School (next year) _____ School Grade (next year) _____

Guardians Names _____ Cell Number# _____

If parent or legal guardian cannot be reached, please call:
Name: _____ Tele# _____ Relationship _____

Family Physician _____ Telephone# _____

*** Return Registration Policy: A \$50 per Player/Cheerleader will be assessed until May 1st for administration fees. After May 1st there will be no refunds.

Initials: _____

*** We will be collecting \$50 in advance from each family, in exchange for 5 calendar raffles. The calendars must be picked up and paid for at the paper work turn in nights in July. You will not be allowed to take the Field or Pick up any equipment until this has been completed.

Initials: _____

*** A \$150 check will be required when equipment is issued. This check will be posted-date and will be given back if complete uniform is returned on the scheduled date and is in reusable condition. If not returned on time or damaged, this check will be cashed and player/cheerleader will still be responsible to return complete uniform or be billed for the balance of the cost of the equipment.

Initials: _____

*** The Razorbacks website often includes photographs of our cheerleaders and football players. In addition, the local newspapers or television stations may publish stories and photographs regarding our organization.

Initials: _____

*** Football Players: Will you be using your own Helmet? **Yes / No**
If you circled YES, what was the date of purchase, and date of last Certification?

Date of Purchased: _____ Date last Certified: _____

Parental Consent

I, the parent or legal guardian of _____, a candidate for a position on the Razorbacks Football/Cheerleading Team, do hereby grant permission for his/her participation in any and all team activities, including out of state travel.

Medical Release

Because your child is involved in an active sport, there maybe an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur at team functions, practices or at games, both home and away. Your child is fully insured with NHYFSC Insurance. In order that no unnecessary delays occur that may jeopardize the health/life of your child, the Razorbacks request your permission to seek emergency treatment. I hereby grant permission to the Razorback's organization to administer first aid, secure proper treatment and/or hospitalize my son/daughter/ward in case of emergency, provided they are unable to communicate with me, and according to their judgment.

READ, UNDERSTOOD, ACCEPTED AND AGREED TO:

Print Parent/Guardian Name

Signature Parent/Guardian

Date

Signature Razorback Official

Board of Directors Only:
Individual / Family Plan

Due: _____ Paid: _____ Bal. Due: _____ Date: _____

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MEMBERS CODE OF ETHICS

As a member (Parent and/or Legal Guardian and Child) of the Razorbacks, I pledge to provide positive support, care and encouragement for the children participating in youth sports. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at all games, practices or organizational events. I will place the emotional and physical well being of the children ahead of my personal desire to win. I will support the parents/coaches/officials working with the children in order to encourage a positive and enjoyable experience.

I will remember that the game is for the youths, not adults.

I will do my very best to make youth sports fun for the children.

I will encourage all the children to treat other players, coaches, fans and officials with respect.

I will follow all rules regarding "Zero Tolerance" (Drugs, Alcohol, Smoking, and Abusive Language) at all Razorbacks functions.

I agree to follow the Chain of Command should an issue arise that I am not comfortable with or do not understand. I will:

- 1.) Speak to the Parent/Head Coach.
- 2.) Speak to the Football/Cheering Coordinator.
- 3.) Speak to the President/Vice President

BEHAVIOR AND/OR VIOLENCE

The Razorbacks Board of Directors has the right to impose one or more of the following sanctions toward any Parent(s), Legal Guardian(s) or Individual(s) who becomes verbally abusive or violent.

- 1.) Probation for one or more games and practices, which includes a "Zero Tolerance" policy for the duration of the probation and balance of the season.
- 2.) Suspension for one or more games, in which the individual is not allowed to spectate at games or practices for the duration of the suspension and to include a "Zero Tolerance" policy for the duration of the probation and balance of the season.
- 3.) Refuse to register or to bar during the season children of violent parents or legal guardian only after the above sanctions have been followed or in extreme cases.

A child's participation in Football/Cheerleading is a privilege not a Constitutional Right. Therefore, as long as the sanctions are based solely on the actions of the violator and not based on sex, color, religion, etc., it is not discrimination.

I have read and understand the above statements and do hereby agree to the terms.

Signature: _____ Date: _____