



Lake Villa Timberwolves Football and Cheerleading 2011 Registration

Print Clearly

Program: Football Flag Cheerleading Poms

Last Name: _____ First Name: _____ Birth Date: ____/____/____

Address: _____ Grade in Fall 2011: _____

City: _____, IL Zip: _____ Home Phone: _____

Age: _____ Weight: _____ lbs.
(Football only)

Birth Certificate: Provided On File

Child's last name on jersey:

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Returning Participant: Yes No

Preferred Jersey #: 1st _____ 2nd _____ 3rd _____
Numbers are assigned on a first come, first serve basis.

High School District: _____

Years in program: _____

Primary Contact Name: _____

Contact #: _____

E-mail: _____

Secondary Contact Name: _____

Contact #: _____

E-mail: _____

Parent Participation Agreement Continued:

- I give approval for this participant to partake in any and all activities of the Lake Villa Timberwolves Football and Cheerleading Program.
- I understand the Lake Villa Timberwolves will from time to time use the name, photograph and /or video of the participant in newspaper articles or marketing materials, including the website and I consent to such uses and waive all rights to compensation.
- I understand the terms and conditions of the refund policy and acknowledge that portions of the registration fee are non-refundable as detailed in the policy.
- I agree to return to the Lake Villa Timberwolves, equipment issued to the participant in as good condition as when received. Reimbursement of lost equipment at replacement cost will be paid to the Lake Villa Timberwolves not to exceed \$300.
- I understand my participant will not receive his or her uniform until all registration fees are paid in full.

Understanding of Risk and Release of Liability:

- I understand it is my responsibility to notify the Lake Villa Timberwolves of any change in medical conditions or concerns.
- I know that participation in youth sports may result in serious injuries and protective equipment does not prevent all injuries.
- I assume all risks and hazards incidental to such participation including transportation to and from activities.
- I hereby waive, release, absolve, indemnify and agree to hold harmless the Lake Villa Timberwolves Football and Cheerleading, the TCYFL organization and the affiliate team organizations of TCYFL, other athletes, their families, and all hosting partners.

Authorization and Consent Medical Treatment:

- I authorize medical treatment of the aforementioned participant by a qualified and licensed person, if necessary.

The undersigned parent of the above named participant agrees to the following terms and conditions:

Parent Participation Agreement:

- All team selections are the sole discretion of the organization.
- Any participant who refuses to play or cheer on the team for which he/she is selected will be dropped from the Lake Villa Timberwolves Football program with no refund.
- All parents are required to volunteer to support the program.
- Participation in the fundraiser is required for all participants.

LVTYFC USE ONLY

Raffle Ticket #'s: _____

Cash _____

Credit Card _____

Check: # _____

Total Paid: \$ _____

Parent Signature: _____

Print Name: _____

Date: _____