

Paid: _____ Date: _____ Amount: _____ Check #: _____

2012 Loveland Youth Football Registration Form	Registration may be mailed to: L.Y. F. PO Box 694 Loveland, Ohio 45140
Fees: \$155.00 per player if paying by credit card. \$150.00 per player if paying by check. \$15.00 Discount for Each Additional Football Player Visit us at www.lovelandyouthfootball.com	LAST DAY TO SIGN UP AND BE GUARANTEED A SPOT ON A TEAM IS APRIL 1st, 2012 Late fees apply after April 1st

Players Name: (Please Print)	Grade as of Aug 2011:	Birth Date:	Your jersey # last year was:
Address:	Phone No.:	Current Height	Current Weight
Your coach last year was:	Mom's Cell Phone:	Dad's Cell Phone	

Email Address: (Please Print Clearly)

NOTE: L.Y.F. Is required to report residency. Please check the box that indicates your residence:

City of Loveland	Miami Twp.	Symmest Twp.	Hamilton Twp.	Do you attend or reside in the Loveland School District? Please Circle: Yes No
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List any known medical condition the player has:

In case of Emergency, notify:

Person:	Phone No.
Doctor:	Phone No.

I, the undersigned Parent/Guardian of the above minor, do for Ourselves, Executors, Administrators and Heirs agree to hold harmless and agree to indemnify the Loveland Youth Football organization, Member Leagues, Member Clubs, Officers, Officials, Coaches, Referees, Managers, Owners, of Football fields, and the facilities utilized, or any Sponsors for any claim that might be asserted by us or our child as a participant in the game of football. I do hereby authorize the Officers, Leaders, Coaches, Agent(s) of the youth organization and or affiliated members to transport as required, the above Minor to and from organization sponsored activities, including, but not limited to athletic and social events.

Name: _____ Signature: _____

Address: _____ Phone No. _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As Parent or Legal Guardian of the above named player, I hereby give my consent for emergency medical treatment prescribed by a duly licensed doctor of medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

(Parent/Legal Guardian)

(Phone No.)

Parents: *We must have your support and participation in our program. Each family should be prepared to contribute a minimum of 2 hours, per participant, of volunteer work during your team's home game dates. Please read our Parental Volunteer Pledge and indicate your willingness to help by initialing the pledge.*

I understand the Loveland Youth Football is a volunteer organization and needs my help. I pledge my family's help when called to work at home games (concessions, gate, clean-up).

(Parents Initials)

Are you interested in volunteering as a: Coach _____ Assistant Coach: _____ Team Rep: _____