

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

| | |
|---|--|
| 2010 Loveland Youth Football Registration Form | Registration may be mailed to: L.Y. F. PO Box 694 Loveland, Ohio 45140 |
| Fees: \$150.00 per player, due at the time of registration. \$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 MARCH 13th, 2010 |

| | | | |
|------------------------------|-----------------------|------------------|------------------------------|
| Players Name: (Please Print) | Grade as of Aug 2010: | 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. | Symmes Twp. | Hamilton Twp. | Do you attend or reside in the Loveland School District? Please Circle: Yes No |
|------------------|------------|-------------|---------------|--|

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: _____

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FEES: \$50.00 non-refundable registration fee due at time of registration. \$75 Jacket Deposit will be paid at Uniform Fitting, not at registration. Guarantee your position on a squad and register by May 1, 2010
(Late fee may be assessed after March 13, 2010)

Make sure you check our website www.lovelandyouthfootball.com regularly for frequently asked questions and uniform/event updates!

Return by mailed to:
L.Y. F.
PO Box 694
Loveland, Ohio 45140

2010 Loveland Youth Football Cheerleading Registration Form

Please Print Clearly

Name: _____ Grade as of Aug 2010: _____ Date of Birth: _____

Address: _____

Phone: _____ Email Address: _____

Mom's Name: _____ Mom's Cell: _____

Dad's Name: _____ Dad's Cell: _____

Name of previous coach: _____

L.Y.F. Is required to report residency (circle one) City of Loveland Miami Twp Symmes Twp. Hamilton Twp.

Do you reside in the Loveland School District? Yes No

Please list any known medical problems:

Emergency Contact:

Name: _____ Relation: _____ Phone: _____

Medical Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

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.)

Volunteer Organization

We must have your support and participation in our program. Each family should be prepared to contribute a minimum of 4 hours per participant of volunteer work during the season. This may include your team's home games dates working in the concession area, gate or clean up rolls. You may also want to further your participation by coaching, helping as a team mom, cheer activity coordination or homecoming volunteer. Your help is also vital to our annual cheer competition. Regardless if your child's squad competes your help is required and desperately needed to run a successful fundraiser and competition each year.

I would be interested in volunteering as a: Coach _____ Assistant Coach: _____ Team Parent: _____