

# Prince Edward Football & Cheerleading 2016 Youth Football & Cheerleading Form

*Registration Deadline: August 1st*



Participant's Full Name as it Appears on Birth Certificate: \_\_\_\_\_

Nickname: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**\*\*\*\*\*All Parents or Guardians must submit with this registration form, a copy of the participant's birth certificate and a physical examination form. Eligibility is based on the child's age as of September 1st for the current year for Football and Cheerleading.\*\*\*\*\***

**Sport: (Please complete one form per sport and per player)**

**Uniform Size (If size is available, please specify)**

Ages:	Football:	Cheerleading:	Check One:	Youth:	Adult:
(5 - 6)	<input type="checkbox"/> Flag	<input type="checkbox"/> Flag		<input type="checkbox"/> X-Small	<input type="checkbox"/> Small
(7 - 8)	<input type="checkbox"/> Minor	<input type="checkbox"/> Minor		<input type="checkbox"/> Small	<input type="checkbox"/> Medium
(9 - 10)	<input type="checkbox"/> JV	<input type="checkbox"/> JV		<input type="checkbox"/> Medium	<input type="checkbox"/> Large
(11 - 13)	<input type="checkbox"/> Varsity	<input type="checkbox"/> Varsity		<input type="checkbox"/> Large	<input type="checkbox"/> X-Large
				Other:	Other:

**Fees:**

\$45.00 per first child for: Youth Football & Cheerleading **\$10 late fee per child**  
 \$40.00 per additional child for: Youth Football & Cheerleading

**Parent/Guardian Participation:**

I/We are willing to participate in the following activities for the Farmville Recreation Department's Youth Football & Cheerleading program.

**Check All That Apply:**

Coach <input type="checkbox"/>	Fund Raise <input type="checkbox"/>	Concessions <input type="checkbox"/>	Chain Crew <input type="checkbox"/>	Gate Attendant <input type="checkbox"/>	Assist Officials <input type="checkbox"/>
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**Consent/Waiver Agreement:**

I/We consent to our child participating in the Farmville Recreation Department Programs. In participating in Recreation Programs, sponsored by The Town of Farmville, I hereby acknowledge that I/We understand that there are risks of accidents resulting in bodily harm arising out of those activities. I/We understand that Recreation activities are planned with the safety of the participants in mind. In case of emergency, accident or illness, if I/We am not present I/We hereby give our permission for the coach or representative of the Recreation Department to obtain any required medical attention my child may need. I/We will notify the coach of any physical limitations (allergies, hearing, sight, etc) or other additional information they need to know about my/our child. I/We further acknowledge that my child has the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. I/We agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the Town, it's Mayor, Town Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from participation in recreation programs. I/We agree any pictures taken may be used for future promotions for the Town of Farmville.

**\*\* I have read the above waiver and understand the contents\*\***

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For more information contact the Farmville Recreation Department at (434) 392-3737, or e-mail: [cbolt@farmvilleva.com](mailto:cbolt@farmvilleva.com). Mail this form, payment, copy of birth certificate, and physical examination form to: *Town of Farmville P.O. Drawer 368 Farmville, VA 23901.*

OFFICE USE ONLY: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ INT: \_\_\_\_\_