

North Edison Shamrocks Registration and Parent Agreement Form

Child Info

Age on 07/31/2018: _____

Date of Birth: _____

Child's Name _____

Home Phone: _____

Child's Street Address _____

E-mail Address(es): _____
For Shamrocks updates _____

Child's City, State & Zip _____

Father/Guardian(s) Name: _____ Father/Guardian(s) Cell Phone _____

****Would like to receive text alerts from the Shamrocks (please CIRCLE one):** **Y** **N** Phone carrier: _____

Mother/Guardian(s) Name: _____ Mother/Guardian(s) Cell Phone _____

****Would like to receive text alerts from the Shamrocks (please CIRCLE one):** **Y** **N** Phone carrier: _____

Emergency Contact

Name

Relationship

Phone Number

I, the parent or guardian of the above-named candidate, hereby give my approval for participation in any and all Shamrock Football and Cheerleading activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from the activities and participation in the cheerleading clinics and competitions. I hereby waive, release, absolve, indemnify, and agree to hold harmless any or all of the NEAA Shamrocks, the organizers, sponsors, supervisors, participants, and any person transporting my youngster to and from activities, for any claim arising out of injury to my child except to the extent and the amount covered by accident or liability insurance. I will furnish an original birth certificate of the child, a 2" by 2" non-returnable photograph, medical release form (by the first day of practice), and a complete copy of the 2017-2018 report card. I, or we, as parent/guardian, hereby insure the validity of this information given to the North Edison Shamrocks/Pop Warner Football and Cheerleading organization is true, and hereby promise to abide any necessary rules. I understand the information contained therein will be kept confidential.

FUNDRAISING: Each child is required to do the minimum fundraiser required for that year. All fundraisers will have an opt-out where the parents can pay the minimum amount due of **\$100.00 per player**. If the above is not met the Association has the right to charge that child/children for their banquet tickets. These fundraisers are used to fund our end of season banquet, trophies, jackets, etc. I understand that I am responsible for the payment of the full value of any fundraising materials issued to my child. If payments are not made prior to the end of the season, your child will not receive a banquet ticket, trophy or any apparel from the organization.

EYEGASSES: I agree that football/cheerleading accident liability insurance does not cover damage to eyeglasses; therefore, for my own protection and especially for that of my child, if eyeglasses are required, my child must be equipped with glasses having safety or shatterproof type lens for any activities. **NO TINTED** lenses are allowed.

BOYS and GIRLS: The North Edison Shamrocks will provide one (1) bow per season for cheerleading. There is a replacement cost for the bow of \$25.00. We will also provide game jerseys (home and away, except for Flag and Mighty Mite levels) of football of which must be returned at the end of the season. If not, there is a \$50.00 replacement cost for lost or non-returned jersey. Fees must be paid at the end of the season.

UNPAID BALANCES: You will be responsible for paying any outstanding monies due, i.e. registration fees, fundraising monies no later than **September 30th** of the current season. Should you not pay

outstanding balances, your child will NOT receive a trophy and a complimentary ticket to the end of season banquet and may be restricted from practices and games at the discretion of the coaches and Executive Board. _____ (*INITIAL*)

WORK BONDS: Each family is responsible for a \$100.00 refundable work bond deposit. I agree to work a minimum of 8 hours to fulfill my work bond, performing duties such as snack bar, game day chains/spotting, fundraising, coordinator for yearbook, banquet trophies and photos, team parent, practice equipment, etc. Failure will result in forfeiting my \$100.00 work bond deposit. The work bond money will be deposited and carried over to the next year providing you fulfill your work obligation. Bonds will be refunded when you leave the organization. All refunds of work bonds or registration must be made within 180 days of the previous playing season.

EQUIPMENT: I/we agree to purchase socks, briefs, bodysuit and required footwear for a cheerleader and/or agree to purchase an athletic supporter and required footwear for a football player. ONE mouthpiece will be supplied to each football player; any additional mouthpieces must be purchased at the field for a fee.

GAMES/PRACTICES: Football players and cheerleaders are required to attend all practices. If a player misses two (2) practices in one (1) week, they will miss that week's game. I/we shall notify the Head Coach in the event of my child's absence from a practice or game. It is my responsibility to obtain any information given out during a game or practice regardless of whether or not my child was there or not.

VIDEO/PHOTO CONSENT: I understand that occasionally various local newspapers/TV stations may video tape or take photos at the North Edison Shamrocks field or other playing fields, and these photos and videos may be published publicly. I hereby give permission for video and/or photos of my child _____, captured during the football season to be used on the North Edison Shamrocks website www.northedisonshamrocks.com as well as in whatever publications mentioned above.

PHYSICALS: Any child wishing to participate in the Football and Cheerleading program must have a physical or medical release stating that their child is fit to participate in the Shamrock Football/Cheer dated after January 1st 2018.

EACH CHILD MUST HAVE THE 2018 PHYSICAL FITNESS & MEDICAL HISTORY FORM FROM POP WARNER SIGNED AND DATED BY YOUR CHILD'S TREATING PHYSICIAN.

Family Physician: _____ Phone _____

Known Allergies: _____

In case of an accident or illness, I hereby authorize a representative of the North Edison Athletic Association (NEAA) dba North Edison Shamrocks, to use their judgment in obtaining medical care. Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this makes immediate treatment possible. No child will be allowed to participate without a medical release.

BY MY SIGNATURE BELOW, I HEREBY STIPULATE THAT I HAVE READ, FULLY UNDERSTAND AND VOLUNTARILY AGREE TO ALL OF THE ABOVE.

Date _____ **Parent/Guardian Signature** _____

Shamrock Use Only:

DATE _____ Registered as CH / FB	Registration	Total w/ \$100.00 Fundraiser	Total w/ \$100.00 Work Bond	Total Paid
1 Child	FREE	\$100.00	\$200.00	
2 Children	FREE	\$200.00	\$300.00	
3 Children	FREE	\$300.00	\$400.00	
4 Children	FREE	\$400.00	\$500.00	

Participant Fees

Type of Transaction: _____ Cash _____ Check _____ Check # _____ Siblings: _____