

PORTALES CITY SPORTS

Registration Ends 8/21/2013
Late Registration 8/22 & 23/ 2013

-Youth Tackle Football League-

Player's Name (Print)

Street

City

State

Zip Code

Gender

Current Age

Current Grade

Date of Birth (month/day/year)

Current School Attending

Team Name, if known:

Having been informed of the organization of Portales City Sports Youth Tackle Football to provide supervised tackle football games, I/We the parents of the above named candidate, do hereby give my/our approval to participate in any and all of the activities during the current season. I/We do hereby state that the candidate is physically able to participate in tackle football. I/We do assume all the risks and hazards incidental to the conduct of the activities and transportation to and from the activities, and I/We do further hereby release, absolve, indemnify and hold harmless Portales City Sports and the City of Portales, the organizers, the supervisors, and coaches—any or all of them. In case of injury to the candidate, I/We hereby waive all claims against the organizers, the sponsors, or any of the supervisors and coaches appointed by them. I/We are in a position to furnish upon request by league officials a certified copy of the birth certificate of the above named candidate.

Children are eligible to participate in the league if they are in 3rd, 4th, 5th, or 6th. Participants must have paid a registration fee of \$75 in full at the time of registration. **If you do not PAY you do not PLAY.** There is also **a late registration fee of \$10**, added on to the original fee, if the participant signs up after the deadline due date. The league provides the helmets, shoulder pads, and jerseys. The participant will be responsible for acquiring the appropriate pants with leg pads. **Should I/We fail to return the uniform issued to the participant by the designated deadline, I/ We will reimburse the league a minimum of \$100.00.**

I/WE KNOW THERE IS NO INSURANCE COVERAGE PROVIDED FOR THE PLAYERS IN THIS ACTIVITY;
THEREFORE I/WE REALIZE THAT I/WE ARE ENCOURAGED TO MAKE ARRANGEMENTS FOR INSURANCE COVERAGE.

Participants and parents must give their coaches, officials & directors respect and courtesy or they may forfeit eligibility

Unless this box is checked, this registration form gives consent for any pictures of participant to be taken and published.

Parent /Guardian Signature

Print Name

Date

Home Phone

Work

Cell

* _____
Email

RETURNER ---
YES NO

Check one of the following:

Grade: (3rd/4th) (5th/6th)

Interested in coaching? YES NO

FOR PCS USE ONLY

DATE PAID _____

AMT PAID _____

RECEIPT # _____

CASH CHECK# _____

RECEIVED BY _____

TEAM _____

TRYOUT# _____