

APPLICATION TO PLAY ILLINI YOUTH FOOTBALL - 2009
PLEASE PRINT

_____	Players Name	_____	Birth Date
		Mo./Day/Yr.	_____
			League Age (as of 9/01/09)
_____	City	State	
_____	Phone No.	Name of School Child will Attend in 2009	
Zip			

We, the parents or legal guardian of the above named candidate for a position on the Illini Youth Football team, hereby give my/our approval to participate in any and all Illini Youth Football League activities, including transportation to and from the activities.

I/We know that participation in Football may result in serious injury, and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local Illini Youth Football League, the Hampshire Youth Football and Cheerleading association, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

I/We agree to provide a certified birth certificate of the above named candidate to League Officials.

Parents or Guardian Signature _____

Please indicate any physical limitations (allergies, hearing, sight, etc.): _____

Name of family hospitalization plan _____ School _____

Additional Information (Doctor, Emergency Contact, etc.) _____

ILLINI YOUTH FOOTBALL

We do hereby for ourselves, our heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which we may have or which hereafter accrue to our child, against the Illini Youth Football League, Inc., IYFL organizations and the sponsors, the administrators of the playing field, or all their respective officers, agents or representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by our child in connection with his/her said association with or entry and/or arising out of his/her traveling to, participation in, and return from said League games or exhibitions conducted during the season. By signing our/my signature below, I/we are fully aware that we are responsible for all injuries that may occur to our child during the Illini Youth Football League, Inc. campaign. We hereby acknowledge that the league recommends, but does not require a thorough physical exam prior to participation. We also hereby acknowledge that we have received, read, and will abide by the Parent's and Player's Codes of Conduct provided by the League.

Father's Signature _____ Date _____

Mothers Signature _____ Date _____

Guardian's Signature _____ Date _____

Player's Signature _____ Date _____