



# TIPP CITY PEE WEE FOOTBALL 2009 SEASON

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ GRADE AS OF SEPT. 2009: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

MOTHER'S NAME: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

## FOOTBALL REGISTRATION DATES AND FEES

**Eligibility**.....Participant must be 8yrs. by August 1<sup>st</sup> **OR** in the 3<sup>rd</sup> grade. The oldest participant must be 12 yrs. by August 1<sup>st</sup> **OR** in the 6<sup>th</sup> grade. **These are league rules!**

**Registration Dates**.....**May 4th through May 29th. Registrations must be postmarked by May 29th, 2009**  
**Registrations also accepted at Community Services between 9 AM and 5 PM M-F.**

**Registration Fee**.....\$60.00/50.00 each additional child. **Please put players name and grade in check memo.**  
**There will be a 32.00 dollar fee on any returned checks!!**

**Completed Forms**.....**All completed registration forms must be received by May 29th, 2009.**  
**Please note there will be no exceptions due to uniform ordering, etc.**  
**The Medical/Physical form can be turned in the first day of practice**  
**If your physical is scheduled after May 29th.**

**All First Time Participants**.....Will need to provide a copy of their Birth Certificate.

**In the event the football equipment issued to my child is not returned/not returned in the same condition (less normal wear and tear) on equipment hand-in day, I the undersigned do agree to compensate the Tipp City Pee Wee Football Association the equivalent replacement cost of said equipment not to exceed \$250.00.**

\_\_\_\_\_  
**Signature of Parent of Legal Guardian**

**ATTENTION! All participants are required to participate in the league fundraiser(s).**

**MAIL THIS FORM WITH THE FOLLOWING TO:**

**TIPP CITY PEE WEE FOOTBALL ORGANIZATION  
P.O. BOX 695 TIPP CITY, OH 45371**

Registration & Fee  
Parent/Legal Guardian Agreement  
Player Participant Agreement

Copy of Birth Certificate  
Release for minor child/ward  
Medical/Physical Examination Record (Parent/Guardian responsibility)

# R-E-L-E-A-S-E

Dated \_\_\_\_\_, 2009

\_\_\_\_\_ is about to take part in a sporting event(s)  
(Name of Participant) (Date of Birth)

On or in a public facility owned and operated by the City of Tipp City and WHEREAS,

\_\_\_\_\_ is doing so entirely upon his/her own initiative, risk and responsibility  
(Name of Participant)

NOW, THEREFORE in consideration of the permission extended to

\_\_\_\_\_ By the City of Tipp City, through its officers  
(Name of Participant)

And agents to take part in said sporting event on or in a public facility owned and operated by the City of Tipp City, Ohio, we do hereby, for ourselves, our heirs, executors and administrators, remise, release and forever discharge the City of Tipp City, Ohio, its officials, their heirs, executors and administrators, and its officers, agent, employees, successors and assigns, acting officially or otherwise, from any and all claims, actions or causes occur from any cause during said use as well as any and all activities related thereto.

We do further hereby, for ourselves, our heirs, executors and administrators, further remise, release and forever discharge the Tipp-Monroe Community Services, Inc., Tipp City Pee Wee Football Association, Inc, Tipp City Exempted Village Board of Education and all their officers, agents, employees, successors and assigns, acting officially or otherwise, from any and all claims, actions or causes of action, on account of participant's death or on account of any injury to participant which may occur from any cause during said uses as well as any and all activities related thereto.

We do further hereby, for ourselves, our heirs, executors and administrators, remise, release and forever discharge any and all coaches or assistant coaches, and, their heirs, executors and administrators, from any and all claims, actions or causes of action, on account of participant's death or on account of any injury to participant which may occur from any cause during said uses as well as any and all activities related thereto.

The undersigned hereby declares that he/she is the parent and/or legal guardian of the aforementioned participant and therefore qualified and willing to accept and agree to the terms, covenants and conditions set forth in this agreement.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

**TIPP CITY PEE WEE FOOTBALL  
Parent/Legal Guardian Agreement**

**PLEASE READ & INITIAL EACH LINE:**

- \_\_\_\_\_ 1. To give consent for child to participate in all activities of the TCPWFA.
- \_\_\_\_\_ 2. To take full responsibility for care, replacement, or return of any uniforms, props, and equipment furnished by the Tipp City Pee Wee Football Association. Parents will be held liable for up to \$250.00 for any equipment or uniforms destroyed, lost and/or not returned.
- \_\_\_\_\_ 3. To release from responsibility the Tipp City Pee Wee Football Association, the Officers and the SWBL Conference for any injuries the child incurs during the season.
- \_\_\_\_\_ 4. To release from responsibility any persons transporting child to and from all Tipp City Pee Wee football games.
- \_\_\_\_\_ 5. To pay a fee at the time of registration. This fee is "NON-REFUNDABLE" after uniforms have been handed out.
- \_\_\_\_\_ 6. To be responsible for transporting my child to and from all games and practices.
- \_\_\_\_\_ 7. I understand the Tipp City Pee Wee Football Association is solely supported by fund-raisers and the registration fees paid by each child. All equipment, fees and costs are paid primarily through fund-raisers.
- \_\_\_\_\_ 8. I understand the Tipp City Pee Wee Football Association will have one PRIMARY fundraiser, and each child is expected to participate by meeting the goal set for each child.
- \_\_\_\_\_ 9. I understand and agree to work **AT LEAST ONE POSITION** on my assigned scheduled workday and time. I further understand that I may not send a child as my replacement.
- \_\_\_\_\_ 10. I agree to have my child at all practices and on time.
- 11. I promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaches, being a respectful fan, providing transportation or whatever I am capable of. Support is great and encouraged, but parental interference can be counter-productive.
- 12. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game and/or practice. **The coaches control the athletes - not the parents!**

**I HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of player/participant

\_\_\_\_\_  
(Date)



TIPP CITY PEE WEE FOOTBALL  
Player Expectations

PLEASE READ & INITIAL EACH LINE:

- \_\_\_\_\_ 1. I understand that my uniform and/or Jersey will be worn only by myself.
- \_\_\_\_\_ 2. I agree that my Jersey may be worn at Tipp City High School Games, and to school on FRIDAY'S ONLY!. I also understand that I must wear my jersey to all Pee Wee Football games.
- \_\_\_\_\_ 3. I understand that if at anytime my equipment is lost or destroyed (except game/practice damage), my parents or I will pay to replace it.
- \_\_\_\_\_ 4. I will show respect for ALL coaches and other players. I understand this will be expected AT ALL TIMES.
- \_\_\_\_\_ 5. I understand that I am required to be at all practices.
- \_\_\_\_\_ 6. I understand that I may play more or less than my other teammates.
- \_\_\_\_\_ 7. I understand that the Tipp City Pee Wee Football Association will have one PRIMARY fund-raiser. I understand that it is expected for me to participate in this fund-raiser by meeting a pre-set goal.

\_\_\_\_\_  
Name of player/participant

\_\_\_\_\_  
Signature of player/participant

\_\_\_\_\_  
Date

PLEASE FILL OUT THIS SIZE CHART

These sizes are to closely reflect the "street clothes" that you now wear.  
You will be fitted for your equipment.

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Pant Size: \_\_\_\_\_

Participated last year and would like jersey number \_\_\_\_\_ if possible.

## MEDICAL EXAMINATION RECORD

THE INFORMATION CONTAINED IN THIS SECTION MUST BE COMPLETED BY A LICENSED PHYSICIAN ONLY

**CHILD'S NAME** \_\_\_\_\_

**Age** \_\_\_\_\_ **Height** \_\_\_\_\_ FT. \_\_\_\_\_ IN. \_\_\_\_\_ **Weight** \_\_\_\_\_ LBS

**Blood Pressure** \_\_\_\_\_ **Pulse** \_\_\_\_\_ **Respiration** \_\_\_\_\_

**Eyes** \_\_\_\_\_ **RT20/** \_\_\_\_\_ **LT20/** \_\_\_\_\_

**Ears** \_\_\_\_\_ **Hearing RT** \_\_\_\_\_ /15 **Hearing LT** \_\_\_\_\_ /15

**Cardiovascular** \_\_\_\_\_ **Respiratory** \_\_\_\_\_

**Liver** \_\_\_\_\_ **Spleen** \_\_\_\_\_ **Hernia** \_\_\_\_\_

**Musculoskeletal** \_\_\_\_\_ **Skin** \_\_\_\_\_ **Neurological** \_\_\_\_\_

**Genitalia** \_\_\_\_\_ **Laboratory Urinalysis** \_\_\_\_\_

I certify that on this date \_\_\_/\_\_\_/\_\_\_, I examined the above named child and on the basis of this examination, along with the medical History furnished to me, I found no reason which would make it medically inadvisable for the child to compete in supervised activities of the TIPP CITY WEE DEVILS.

\_\_\_\_\_  
Signature of Licensed Physician

### TIPP CITY PEE WEE DEVILS REGISTRATION & PHYSICAL EXAMINATION RECORD

GENERAL INFORMATION			IDENTIFICATION		
Telephone Number	Boy	Girl	Name: Last	First	MI
Date of Birth	Age		Street Address		
Grade in September of this year _____			City	State	Zip

**Any other pertinent information** \_\_\_\_\_

#### PARENT/GUARDIAN MUST COMPLETE INFORMATION LISTED BELOW

CHILD'S MEDICAL HISTORY	YES	NO	IN CASE OF ACCIDENT/EMERGENCY	
• Any injuries requiring medical attention	<input type="checkbox"/>	<input type="checkbox"/>	Contact Name	Phone Cell
• Any illness lasting more than one week	<input type="checkbox"/>	<input type="checkbox"/>	Contact Name	Phone
• Presently under a physicians care	<input type="checkbox"/>	<input type="checkbox"/>	Contact Physician Name	Phone
• Regularly under a physicians care	<input type="checkbox"/>	<input type="checkbox"/>	Preferred Transport Hospital	Phone
• Regularly taking a medicine prescribed by a physician	<input type="checkbox"/>	<input type="checkbox"/>	Parent/Guardian Signature of Approval	Date
• Wear Glasses	<input type="checkbox"/>	<input type="checkbox"/>		
• Wear Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>		

**PARENT/GUARDIAN RESPONSIBLE FOR CHILDS PHYSICAL**