



# THOMPSON YOUTH FOOTBALL

## 2022 Registration Form

**NOTE: This is a Full Contact Sport!**

**Registration Fees:** \$165.00

**NO Checks Accepted**

**Multi-child Discount: 10% off 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> child**

1. **Child's Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2. **Mother's Info:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. **Father's Info:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

4. **Address:** \_\_\_\_\_  
Mailing Address City State Zip

5. **Primary Phone:** \_\_\_\_\_

6. In Case of an **Emergency**, if parents cannot be reached, please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

7. **Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

8. **Birth Certificate** is:  Attached  Not Attached  On-file

9. Please list any **Allergies/Medical Issues**, including those requiring maintenance medications (i.e. Diabetic, Asthma, Seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.

\_\_\_\_\_

10. **Division:**  **Rookie 1** (1<sup>st</sup>/2<sup>nd</sup>)  **Jr. 1** (3<sup>rd</sup>)  **Jr. 2** (4<sup>th</sup>)  **Sr. 1** (5<sup>th</sup>)  **Sr. 2** (6<sup>th</sup>)

**Requirement: \*Kindergarteners\* MUST turn 6 prior to Aug. 2, 2022! NO 5-year-olds allowed!**

6-year-old Kindergarteners will be playing with 1<sup>st</sup> and 2<sup>nd</sup> graders in Rookie 1 division.

11. Fall 2022 **Grade** \_\_\_\_\_

12.  **NEW** or  **RETURNING** Football Player

13. **Current Age** \_\_\_\_\_

14. Where are you **zoned for High School?** \_\_\_\_\_

15. Where will you attend **School in Fall 2022?** \_\_\_\_\_

16. How many **Concussions** have you experienced? \_\_\_\_\_

17. **Pediatrician** or Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

18. I give my permission for my child's school to release his **Profile Page** to Alabaster Parks and Recreation.

Yes  No



Player's Name: \_\_\_\_\_

Thompson Youth Football is a member of the Jefferson-Shelby Youth Football League. For certification purposes, all new players must present a valid Birth Certificate to their coach prior to the announced deadline, or the player will not be allowed to participate in league games. Also, parents should be prepared to present a copy of the School Registration Card and Proof of Residency for player certification.

19. **REGISTRATION FEE** includes game jersey and participation award. It also includes rental use of game pants, shoulder pads, and helmet. These items are property of the Alabaster Parks & Recreation Department and are to be returned at the end of the season. **If equipment is not returned at the close of the season, all equipment will be invoiced to the player's parent or legal guardian.**

**Initials** \_\_\_\_\_

20. Per **Alabaster City Ordinance 95-381** I understand: **Any person who engages in arguments, uses abusive language, harasses game or league officials or exhibits any unsportsmanlike behavior may be barred from parks and/or recreation facilities and/or prosecuted.**

**Initials** \_\_\_\_\_

**21. MEDICAL AUTHORIZATION/CLAIM & REIMBURSEMENT DISCLAIMER:**

I/we, the parent(s) and/or legal guardian(s) of the above-named candidate, know that participation in Alabaster Youth Sports may result in serious injury(ies), and moreover protective equipment does not prevent all injuries to participants. Therefore, I do in consideration of being allowed to participate in the above named activity, hereby assume all responsibility for said activity and/or child. I authorize the City of Alabaster Parks and Recreation Department (CAPRD) to obtain necessary medical care and treatment for the participant for any illness or injury occurring during the activity period, but I understand CAPRD is NOT assuming a duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant. I understand that CAPRD has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant and I agree to pay all reasonable medical costs incurred if treatment is obtained. I release, indemnify and agree to hold harmless, CAPRD and its agents, elected officials, servants, and employees from all claims, action, causes of action and rights of recovery or reimbursements of any type that any participant has or may have in the future which arise from or are related in any manner to the activity(ies) (including, but not limited to, claims of bodily injury and property damage or loss), and I assume all risks and hazards incident to such activity(ies) and transportation to and from the same. This instrument is signed both individually and on behalf of the participant(s) present at activity(ies).

**Initials** \_\_\_\_\_

**22. REFUNDS:**

I/We, the parent(s)/guardian(s) of the above-named child, understand that refunds are not guaranteed. They will be considered depending on the circumstances. If approved, the refund amount will be determined after deducting the cost of any items already ordered for the participant.

**Initials** \_\_\_\_\_

**23. TREATMENT AUTHORIZATION:**

In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

**Initials** \_\_\_\_\_

**24. PARENTAL AUTHORIZATION:**

I hereby give my approval for the above-named child to participate in all Football activities during the current season. I am the parent or legal guardian of the child that I have registered. I certify that all information given is correct.

\_\_\_\_\_  
**Authorized Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Thank you for completing your form in full!**



**FOR OFFICE USE ONLY**

**Amount Paid** \_\_\_\_\_

**Cash**     **Discover**     **Master Card**     **Visa**     **Debit**

**Receipt No. OR Last 4 digits of Charge Card** \_\_\_\_\_

**Authorization Code** \_\_\_\_\_

**Date Paid** \_\_\_\_\_

**Employee initials** \_\_\_\_\_