

2019 Registration Form

Hurricanes Youth Football Club Inc.

P.O. Box 172, Lumberton, NJ 08048

Website: www.RVhurricanes.com

Email: contact@rvhurricanes.com

Facebook: <https://www.facebook.com/rvhyfc/>



Please check appropriate box: Rookie Veteran

Date: ____ / ____ / ____

- * Proof of Age (POA), Parent Release & Physician Clearance Forms must be provided prior to the first day of practice
- * Returning participants, we should have a copy of your proof of age.
- * First year participants will need to turn in a **COPY** of a POA document (Birth Certificate).

Please print legibly

Participant's Last Name	First Name	Birth Date	Fall School	Fall Grade
		/ /		
Address			City	Zip Code

Please put information for both parents or guardians if appropriate. The below information is what we will use to communicate with your family.

Parent/Guardian: First and Last Name		Relationship
Home Phone	Work Phone	Cell
() -	() -	() -
Email Address		

Parent/Guardian: First and Last Name		Relationship
Home Phone	Work Phone	Cell
() -	() -	() -
Email Address		

PAYMENT INFORMATION:

Football Player: 70lbs' registration fee is \$180.

All other teams will be \$260.

Cheerleader: K-8th Grade \$260.00.

This includes cheer bow, crop top, briefs, sneakers and socks. (no practice apparel)

Additional Registration Fee Notes:

- **Return Check Fee:** There will be a return check fee of \$35 for all checks returned for nonsufficient funds. No checks will be accepted by families after 2 instances of returned checks.

REGISTRATION FEE: \$ _____ CASH CHECK NUMBER: _____ (\$35.00 RETURN FEE) CREDIT CARD

Registration Information:

For families with more than one child participating with the Hurricanes, please feel free to make as many copies of this page as needed so that there is one completed for the second participant, and each additional participant.

Please check appropriate box: Rookie Veteran

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Please print legibly (2nd Child)

Participant's Last Name	First Name	Birth Date	Fall School	Fall Grade
		/ /		
Address			City	Zip Code

Please print legibly (3rd Child)

Participant's Last Name	First Name	Birth Date	Fall School	Fall Grade
		/ /		
Address			City	Zip Code

INSURANCE INFORMATION:

Medical insurance is the responsibility of the parent or guardian of the participant(s). Please provide your medical insurance information:

Insurance Provider & Name of Insured Parent or Guardian		Policy #
Physicians Name:	Physicians Phone #	Physicians Phone #
	() -	() -
Emergency Contacts/Name:	Emergency Contact Phone #	Relationship to Player:
	() -	
	() -	

Parent / Guardian Permission: I the parent/guardian of the above named participant hereby give my approval for participation in any and all of the activities of the Hurricanes Youth Football Club Inc. during the season. I assume all risks and hazards, incidental to the conduct of any of the activities, including transportation to and from such activities. I do further release, absolve, indemnify and hold harmless the Hurricanes Youth Football Club Inc., its organizers, sponsors, director's, coaches, and any or all of them, in the case of injury to my child. I hereby waive all claims against the organizers, sponsors, directors and coaches appointed by Hurricanes Youth Football Club Inc. under the guidance of New Jersey statute N.J.S.A. - 2A:62A-6., as long as the actions of said officials and coaches are not willful, wanton, or grossly negligent. I likewise waive, to the extent not covered by liability insurance, any claim against any person transporting my child to and from the activities.

Emergency Medical Authorization: I the parent/guardian of the above named participant, hereby give my authorization for any emergency medical treatment of the participant for any injury resulting from any activity of the Hurricanes Youth Football Club Inc. including transportation to or from such activity. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the injured participant. This authorization will expire on the date of the last scheduled Hurricanes Youth Football Club Inc. event or no later than 12/31/17 which ever dates arrives first.

Refunds: Registration fees are non-refundable, however participants with extenuating circumstances who request, in writing, a refund of their registration fee prior to the first practice for their team will receive a refund less \$50.00 for handling costs. After the start of the first practice there will be no refunds. All refunds are contingent upon the return, in good condition, of all equipment issued.

Equipment:

Football Players: Each football participant will be loaned the following equipment: A helmet with face mask and chin strap, shoulder pads, knee pads, game pants, practice pants, pants belt, and a game jersey. The Game Jersey will not have the participants name on it and therefore will be returned by the individual at the completion of the Football Season. Players should provide their own shoes, which

should be all-purpose football cleats with molded sole rubber cleats. **Metal cleats or removable cleats are not permitted.** Players should also provide their own mouth guard, athletic cup, red practice jersey, red game socks and girdle with thigh and hip pads.

Each player is expected to maintain and clean their equipment on a regular basis and return all loaned equipment at the end of the season. Players should notify their coach immediately if any equipment is damaged or lost during the season, so it may be replaced. Replacement costs will be assessed to each player for lost equipment. The cost of the equipment will be provided to the parent or guardian for review in the event that loaned equipment is lost or damaged outside the normal scope of football. **Please be advised that if a player does not return their equipment/jersey the parent(s) can be prosecuted for theft for the replacement cost.**

Cheer Participants: Each participant will be loaned the following uniform items: Cheerleading shell, cheerleading skirt, pom-poms. These items will need to be returned at the end of the season. The registration fee includes: crop top, cheer briefs, hair-bow (for all teams) & socks that the registrant can keep.

Each cheerleader: Is expected to maintain and clean their uniform items on a regular basis and return all loaned items at the end of the season. Cheerleaders should notify their coach immediately if any uniform item is damaged or lost during the season, so it may be replaced. Replacement costs will be assessed to each cheerleader for lost items. The cost of the uniform items will be provided to the parent or guardian for review in the event that loaned items are lost or damaged. **Please be advised that if a Cheer participant does not return their Cheerleading shell, cheerleading skirt, and/or pom-poms the parent(s) can be prosecuted for theft for the replacement cost.**

Equipment return will be on December 1st & 2nd from 9 to 11am. You agree to have the equipment returned at by these dates. You understand failure to return the equipment on time you will be **charged a \$20 late return fee.**

Level of Play:

Football Players: Each player will compete with other players of comparable age and weight, by being assigned to a team level through an age/weight requirement as per the by-laws of the South Jersey Independent Football Association. It is the position of the Hurricanes Youth Football Club that it is generally best for each player to play at the lowest level, without any significant weight loss, particularly which occurs in a short term. The decision to attain a certain playing weight and the responsibility of maintaining that weight belong to the player and parent/guardian. Generally, all players should be below their maximum weight for the level for which they desire to play. This would be by the first day of practice. Player's weight will be checked prior to starting their first practice, and once again at the league required weigh in.

Cheer Participants: Each participant will be grouped by age. We would like to possibly offer competing in competitions for an additional fee. Please let us know if you would be interested: (Circle One) Y / N

Parent Release:

Does your child have any condition that may prevent participation in strenuous exercise for 6 - 10 hours per week through the duration of the season? (Circle One) Y / N

If yes, describe the condition(s)? _____

Is your child taking any medication? (Circle One) Y / N

If Yes, Describe: _____

Does your child have asthma, or any other respiratory condition? (Circle One) Y / N

If Yes, is your child using an inhaler? Y / N Frequency of Use: _____

Does your child have any speech, hearing or sight impairment which might have an effect on their participation in the program?

(Circle One) Y / N

If Yes, describe: _____

Does your child wear glasses or contacts during practice and game situations? (Circle One) Y / N

Does your child have any allergies? (Circle One) Y / N If Yes, what are they? _____

Has your child ever been advised not to participate in any sport for medical reasons? (Circle One) Y / N

If Yes, describe: _____

Does your child have any physical limitations, conditions, allergies or require medications that the coaching staffs need to be aware of?

Please use the back of the page for any additional explanations or responses that exceed the allocated space above.

Volunteer Expectations: In addition to the registration fee, **each set of parents is required to work 4 hours in support of the program** (concession preparation and sales, merchandise sales, field set-up, field take-down, filming, or other).

The progress of the HYFC depends on support and participation from Parents and Guardians. As such, I am interested in helping the Hurricanes Youth Football Club by:

Coaching Football _____

Coaching Cheer _____

Team Parent _____

Concessions _____

Equipment _____

Fields _____

I have read, understand, and agree to **ALL** of the above information:

Parent/Guardian signature: _____ **Date:** _____



HURRICANE PHOTO RELEASE

WE/I GRANT PERMISSION FOR THE HURRICANE YOUTH FOOTBALL CLUB TO USE MY CHILD'S, AND/OR CHILDREN'S PHOTO ONLY, WITH NO IDENTIFIER, ON THE HURRICANE WEBSITE OR FACEBOOK PAGE FOR THE PURPOSE OF PROMOTING HURRICANE CHEER/FOOTBALL.

Child's Name _____

Child's Name _____

Child's Name _____

Parent/Guardian Name _____

Parent Signature _____

Date _____



Updated - Parent and/or Guardian Code of Ethics

The support of parents is essential to the success of any youth program & should be of the off-field variety in all HYFC activities on & off the fields. The Hurricanes Youth Football Club (HYFC) & South Jersey Independent Youth Football Association (SJIYFA) are comprised entirely of volunteers. HYFC has rules concerning the conduct of parents. **Please read & accept the following:**

- I/We will place the emotional & physical well-being of my child, my child's teammates, opposing team players, coaches & officials ahead of a personal desire to win.
- I/We will remember that each participant is someone's child & that there is a large range of emotional & physical development for children of the same age group.
- I/We will support HYFC in maintaining a sports environment for my child that is free of drugs, tobacco & alcohol and I will refrain from their use at all youth sports events.
- I/We will communicate any concerns, comments or questions about an approach taken by my child's coach to either the coach directly or either the Football Coordinator & President or Cheer Coordinator. **All concerns should be communicated at an appropriate time when children are not present.**
- I/We will support HYFC in developing good sportsmanship traits in our program's children & will refrain from any disruptive behavior that could be deemed unsportsmanlike conduct with any official, coach, player, cheerleader or parent such as taunting, refusal to shake hands or using profane language or gestures.
- I/We understand that I'm encouraged to motivate & support my child & their team at all HYFC events with as much enthusiasm as possible. However, I will refrain from directing my child regarding either football assignments & techniques or cheers & tumbling techniques, as this might be confusing to my child & in conflict with the direction of the coaching staff. Any concerns in this regard will be communicated to the coaching staff at a mutually convenient time before/after HYFC events when children are not present.
- I/We understand that everyone involved with the HYFC is a volunteer & like me, are not perfect. I/We understand that communication with my coach may not be daily as all are volunteers that have responsibilities other than coaching my child. I/We will remember that I am a youth sports participant's parent or guardian & that the game/competition is for children, not adults.
- I/We will NOT use the Lumberton Hurricane Logo for any apparel or products.
- I/We acknowledge that attendance at practices, games, & competitions is expected. I understand not attending practice will likely affect my child's position within the routines/cheers or their playing time & position. I understand that unexcused absences & tardiness will not be tolerated & when possible, I will notify my child's coach in advance when my child will miss one of the above events. I/We understand that every cheerleader or football player is integral to the success of your child's squad/team. Please understand the commitment that we are asking is of both you & your child. It will take everyone working together to ensure our success. Therefore, I understand that if my child cannot commit to participate in all practices, games or competitions it may have an impact on my child's playing time or ability to participate in future cheer competitions.
- I/We understand that if the HYFC Board of Directors concludes, to the best of their ability, that I have not followed this code of ethics, then I will be given formal warning of the program's concern. Following 2 warnings, upon the next incident determined by the program to be behavior counter to these ethics, the HYFC Board will have full authority to take any action deemed appropriate including but & limited to restriction from attending sporting events or my child's removal from the HYFC program.

I/We are in agreement with the above & pledge to support the Hurricanes in creating an atmosphere that is in the best interest of our children.

HYFC Parent(s) and/or Guardian(s):

Date: _____

By (Signature): _____

Name (Print): _____

PHYSICIAN CLEARANCE SECTION (To be completed by physician's office)

This Is Mandatory and Must Be Completed By the participants Doctor's Office.

THIS FORM CANNOT BE COMPLETED PRIOR TO SEPTEMBER 1ST 2019.

THIS FORM MUST BE TURNED INTO THE LUMBERTON HURRICANES NO LATER THAN AUGUST 15, 2019.

Child's Name: _____

Date Of Child's Last Physical: _____

I state that the child named on this form is physically fit, and there are no observable conditions that would contraindicate his/her participation in either; **(circle one)** Tackle Football / Recreational Cheerleading.

Physician's Signature: _____ Date: _____

Please Use Office Stamp, Or Print Address On the Lines Provided Below:

Physician's Office Address: _____
Street City State Zip

Physician Telephone No.: _____

**** Please bring this form completed to first practice or mail prior to August 5, 2019 to:**

**Hurricanes Youth Football Club Inc.
P.O. Box 172
Lumberton, NJ 08048**

