

Inglemoor Jr. Football Registration Form

(League Use Only)



Inglemoor Jr. Football
 (206) 898-9021
 P.O. Box 82291
 Kenmore, WA 98028

_____	New Player	Age Points	_____	Fee	_____
_____	Returning Player	Weight	_____	MISC	_____
_____	Birth Certificate	Total	_____	Total	_____
		Team Level	_____	Check #	_____

Player Information

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

School _____ Birth Date _____ Jersey Size _____

Parent or Guardian Information

Father's Name _____ Mother's Name _____

Day Phone _____ Day Phone _____

Email _____ Email _____

Coach _____	Scoreboard _____	Coach _____	Scoreboard _____
Field Manager _____	Asst. Coach _____	Field Manager _____	Asst. Coach _____
Sponsor _____	Team Parent _____	Sponsor _____	Team Parent _____
Equipment _____	First Aid _____	Equipment _____	First Aid _____
Other _____		Other _____	

1. All parents and /or guardians will be required to sign a Parent's Code of Ethics form.
2. A video pass will be required before you can video your child's game. These will be available from Inglemoor JR. Football prior to the start and during the season. You will need to wear this pass during the video taping of each game.
3. Each family is required to volunteer a minimum of three hours during the season.
4. Fundraising will be held during the year. (This will help fund the operation and keep the cost down).
5. Financial assistance may be available. Please contact President for the above named player.

The undersigned parents/guardians of the above-named player hereby give my/our approval to participate in any and all Inglemoor Junior Football activities. I/We assume all risks and hazards incidental to such participation and the transportation to and from the activities. I/We do hereby further release, absolve, indemnify, and hold harmless the football league, organizers, sponsors and the supervisors, any or all of them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. In case of injury to my/our child, I/we hereby waive all claims against the organizers, league offices, the sponsors or any of the supervisors appointed by them. I/We will furnish a certified birth certificate of the above named child upon request of league officials.

I/We agree to return, by December 1st, all requested uniforms and other equipment that is issued to our child in as good a condition as when received except for normal wear and tear.

In case of emergency, Inglemoor Junior Football has my/our permission to transport for the purpose of receiving medical treatment in the event that he/she is injured during football practice or during a game.

Parent/Legal Guardian's Signature _____ Date _____

Insurance Carrier _____ I.D. No. _____

Family Physician _____ Phone No. _____

REFUNDS ARE CONSIDERED ONLY UP TO THE TIME OF JAMBOREE DATES. AFTER JAMBOREE NO REFUNDS WILL BE ALLOWED. OUR RETURN CHECK FEE IS \$35.00