North Brunswick Indians Registration Parent Agreement Form

www.northbrunswickindians.com

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Checklist of items needed to co	mplete registration	on Choose:	Flag	Football	Cheer
1. Online Registration completed and Paid by CC - If not paid, Cash or Check Due Immediately					
2. Pop Warner Physical Form completed by parent and physician - MUST be current year					
3. Pop Warner Player Contract completed and signed by both parent and participant					
4. 1.5"x1.5" Photo - Unless a new photo was uploaded online during registration (yearly)					
5. Original Birth Certificate w/Raised Seal - This will be held and returned upon certification by CJPW					
6. Year-End Report Card	l from previous ye	ear - 2 copies needed			
7. \$100 Work Bond payment (one per family) - CASH ONLY - Each family must work a minimum of 4 hours either at the field or at the Youth Sports Festival. Duties may include, but are not limited to the following: Snack Shack (Must Be 18), Game-Day Chains, Coaching, Team Parent, Fundraising, etc. Once your hours are logged and verified, your Work Bond payment will be returned with a receipt. Payment will not be due if the hours are worked at the YSF since this is prior to the start of our season. Failure to fulfill this obligation will result in forfeiture of your Work Bond Fee.					
CHILD. This check will No end of the season. Fees received)) are due back Pants are to be returned are to be returned clean & Shoulder pads (included) listed will result in the co	OT be deposited use and expectations at the end of the state of the st	unless your child's equip are as follows: <u>Cheer - \$</u> season <u>dry cleaned, on</u> red at the end of the se he end of the season, alc ck plate if provided) Fai sited. d give consent that pho	ment is not 5200 - Cheele a hanger, ason. Footbong with ass	returned, or it is r r uniform (Shell, Sl in the plastic. Fla all - \$250 - Practic igned Helmet (inc rn the equipment	returned damaged at the kirt, Bodyliner & Jacket (if ag - \$100 - Flag Jersey and ce & Game Jerseys & Pants cluding chin strap provided) at or failure to return it as used during the season and
10. I agree that my play	er/cheerleader ha	as received the Uniform	ı/Equipmen	t and it will be re	turned as stated above.
Child's Name:		School:			Grade in Sept
Child's Address:			Child's Da	ate of Birth:	
City:	State:	 Zip:	Age as of	7/31:	
Father/Guardian Name:					il:
Mother/Guardian Name:					
				EIIIdi	II
EMERGENCY CONTACT (Someone Other Than Listed Above)					
Contact Name: Cell Phone: Relationship:					nip:
Medical Conditions to be awar	e of:				
I, the parent or guardian of the above activities during the current season. I participation in the cheerleading clinic Adams AC Indians, the organizers, boaclaim arising out of injury to my child Certificate of the child, medical releas I, as the parent/guardian, hereby ensuand all necessary rules. I understand to	assume all risks and hes and competitions. I ard members, sponsor except to the extent a e form, 2 complete course the validity of the	nazards incidental to such part hearby waive, release, absors, rs, supervisors, participants, and the amount covered by a opies of the end of year repo information given to the Ad	rticipation, incolve, indemnify and any person accident and lint card, as wel	cluding transportation y and agree to hold ha on transporting my chi ability insurance. I wi Il as any and all fees p	n to and from activities and armless any or all North Brunswick ild to and from activities, for any ill furnish an original Birth payable prior to the first practice.
Signature: Date:					