



PLYMOUTH REGIONAL HUSKIES

A non-profit Organization for Area Youth

PO Box 20 Plymouth, NH 03264-0020

www.plymouthregionalhuskies.com



REGISTRATION FORM

Players Last Name _____ First Name _____ Middle Initial _____

Birth Date _____ School Attending _____ Grade going into _____

Telephone _____ Yrs in Program _____ email: _____

Street Address _____ Town _____ Zip _____

Mailing Address _____ Town _____ Zip _____

Fathers/Guardian Name _____ Business Phone _____

Mothers/Guardian Name _____ Business Phone _____

IF PARENT OR LEGAL GUARDIAN CAN NOT BE REACHED CALL

Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

I, the parent or legal guardian of the above named candidate for a position on the Plymouth Regional Huskies Football/Cheerleading Team, do hereby grant permission for his/her participation in any and all team activities including out of state travel.

I, agree to assume all risks and hazards incidental to participation on a football/cheerleading team, including transportation to and from the activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless Plymouth Regional Huskies, the NHYFSC, the officers, directors, sponsors, volunteers, participants and persons transporting my child to and from any and all team activities, for any claim arising out of an injury to my child whether the result of negligence or for any other cause.

I consent to the use of my child's name, and/or photograph to be used in Plymouth Regional Huskies related publications, to include local newspapers, yearbook, video, and on our internet website.

I agree to return upon request the uniform and equipment issued to my child in as good as condition as when it was received except for normal wear and tear. I will be responsible for any lost or damaged uniforms or equipment.

We require active participation of all parents/guardians in our program. I agree to participate in any volunteer and/or fundraising efforts on behalf of the above named candidate as requested by the Association. Please initial your acceptance here _____

Because your child is involved in an active sport, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur at team functions, practices, or at games, both home and away (possibly out of state). I hereby grant permission to the Association to administer first aid, secure proper treatment and/or hospitalize my son/daughter/ward in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THE ABOVE:

Signature of Parent or Legal Guardian

Date

LEAGUE USE: Reg Ck# _____ Fundraiser Ck# _____ BC _____ Physical Release _____ Report Card _____ Parent Code of Ethics _____

Calendar _____ Volunteer _____ Welcome to NHYFSC _____



**New Hampshire Youth Football & Spirit Conference
Medical Clearance Form 2011**

ASSOCIATION NAME - _____

Must be Signed & Dated after January 1st 2011

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that:
(Childs Name:) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance or athletic activities. I am therefore clearing this individual for athletic participation.

<p><i>Signature & Date: (Must be dated after January 1st, 2011)</i></p>	<p>Print Name Clearly: <i>Please Print - or - Use Office Stamp Here:</i> Including Office Address:</p>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance or athletic activities. I am therefore clearing this individual for athletic participation.

This statement must be supplied by the physician attending to the injury, accident, or illness.

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.

**PLYMOUTH REGIONAL HUSKIES
YOUTH FOOTBALL & CHEERLEADING
CHECKLIST**

*Items checked are needed for enrollment

On line registration	_____
Registration Payment	___\$75 ___\$50
Nonrefundable	
Registration forms	_____
Birth Certificate Copy	_____
Medical Release Signed By Doctor	_____
End of Year Report Card Copy	_____
Other:	_____

Please mail missing items to:
Plymouth Regional Huskies
P.O. Box 20
Plymouth, NH 03264

Note: All forms and releases must be completed before any
players or cheerleaders takes the field.