



Post Office Box 6
Pendleton, Oregon 97801

APPLICATION TO PLAY PENDLETON YOUTH FOOTBALL 2009

Player Fee \$50.00 / 4th thru 6th Grade

Mail to Above Address or Drop-off at Pendleton Athletics before August 15th

ALL PLAYERS WILL BE WEIGHED AT EQUIPMENT CHECKOUT!

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Street Address</i>	<i>City</i>	<i>Phone</i>
<i>Last Year Team (If Applicable)</i>	<i>School</i>	<i>Grade</i>

1. I/We, the parent/guardian of the above-named prospective player for a position on a Pendleton Youth Football Team, hereby give my/our approval to participate in any and all Pendleton Youth Football activities, including transportation to and from the activities.
2. I/We know that participation in football may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Pendleton Youth football, organizers, sponsors, supervisors, participants, and persons transporting my/our child to or from activities, from any claim arising out of any injury to my/our child whether result of negligence of for any other cause. I/We accept responsibility for the \$100.00 deductible in case of an accident.
3. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear. I/We agree to pay for any equipment that is not returned to Pendleton Youth Football.

Parent/Guardian Signature _____ Date _____

- Yes, I would volunteer in a small capacity to help make PYF a successful program.

****LEAGUE USE ONLY****

- Medical Release Form - Equipment Checkout Form - Player Weight _____

Amount Paid: \$_____ Payment Type: Check # _____ Cash Money Order

Comments: _____



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MEDICAL RELEASE

Player Name

Date of Birth

I.D. Number

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I/We hereby my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician).

Family Physician: _____ Phone: _____

Physician Address: _____

Hospital Preference: _____

In Case of emergency contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies: _____

Required Medication: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Parent / Guardian: _____ Date: _____

Warning: Protective equipment cannot prevent all injuries a player might receive while participating in football.



Equipment Checkout Form

Date: Saturday - August 29th
 Times: 6th Graders - 2:00 pm thru 3:00 pm
 5th Graders - 3:00 pm thru 4:00 pm
 4th Graders - 4:00 pm thru 5:00 pm
 Location: McKay Creek School Parking Lot

Form must be completed and signed before receiving equipment!

ALL PLAYERS WILL BE WEIGHED AT EQUIPMENT CHECKOUT!

<i>Last Name</i>	<i>First Name</i>	<i>Team</i>
<i>Street Address</i>	<i>City</i>	<i>Phone</i>

1. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear. I/We agree to pay for any equipment that is not returned to Pendleton Youth Football.

Parent/Guardian Signature _____ Date _____

****LEAGUE USE ONLY****

<u>Equipment Type</u>	<u>Equipment # / Size</u>	<u>Value</u>	<u>Authorized Signature</u>
Team Jersey		\$ 45.00	
Helmet		75.00	
Shoulder Pads		45.00	
Pants		20.00	
Thigh Pads		5.00	
Knee Pads		5.00	
Hip Pads		25.00	