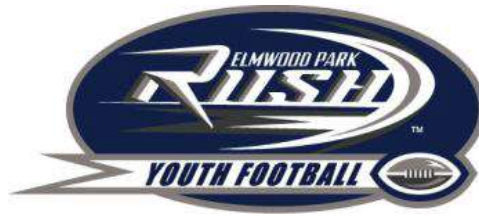


LIST OF 2016 FEES

Cheer :	\$260.00
Football Player:	\$275.00
Participation Fee:	\$ 75.00 per Family



Entry Fee Paid:	
Participation Fee Paid:	
Payment Method:	
Board Member Initial's	
Comments:	
Board Member Initial's	
Code of Ethics:	
Liability Release:	
Medical Release:	
Image Release:	
Birth Certificate:	

PARTICIPANT INFORMATION

Participant's Last Name:			
Participant's First Name:			
Participant's Age on July 31st 2016	Participant's School Grade (Entering Fall 2016)	Football Player's Weight	
Participant's Date of Birth:			
Participant's Home Address:			
Street Address		City	State Zip
Participant's Home Phone Number:		Participant's Cell Phone Number:	
Participant's Medical Condition:			
Parent/Guardian's Last Name:			
Parent/Guardian's First Name:			
Parent/Guardian's Home Address:			
Street Address		City	State Zip
Parent/Guardian's Email Address (Needed for communication from coaches) List more than one if applicable:			
How were you referred to the program?			

PARTICIPATION FEE REIMBURSEMENT

To help us plan the staff required for each event needing volunteers, please check one of the following boxes, sign & date.

- I do not plan to complete the required 15 volunteer hours to be reimbursed the \$75.00 participation fee. Please accept my \$75.00 participation fee as a donation towards the cost of event activities or scholarships.
- I plan to work the required 15 volunteer hours so that I may be reimbursed the \$75.00 participation fee. I understand that ALL hours MUST be logged with the Official Volunteer Coordinator; and that it's totally my responsibility to ensure my hours are officially logged as my volunteer work/time occurs.

Parent/Guardian Signature _____ Date _____

Please Note: Participants will not be issued official game uniforms, AND/OR be able to participate in Football or Cheer after our first official game week, until ALL registration/participation fees are paid in full.

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ELMWOOD PARK RUSH YOUTH FOOTBALL & CHEER PARTICIPANT/ PARENT CODE OF ETHICS

(TO BE SIGNED BY PARTICIPANT AND PARENT)

Participant's Code of Ethics:

I hereby pledge to be positive about my youth sports experiences and accept responsibility for my participation by following this participant's Code of Ethics pledge:

- I will encourage good sportsmanship from fellow players/cheerleaders, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can, and will notify my coach if I cannot.
- I will do my very best to listen and learn from my coaches.
- I will treat my coaches, other players/cheerleaders, officials and fans with respect regardless of race, sex, creed or abilities and I will expect to be treated accordingly.
- I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun.
- I deserve to play in an environment that is free from drugs, tobacco and alcohol and expect adults to refrain from their use at all youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it is important to me.
- I will do my very best in school and make time a priority to completing my homework during the football season.
- I will remember that sports participation is an opportunity to learn and have fun.
- I understand that failure to comply with the Code of Ethics policy may lead to disciplinary action being taken against me - such disciplinary action may include reduced time/plays in games, suspensions or expulsion from the program with no refund of program fees.

Parent's Code of Ethics:

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following the Parent's Code of Ethics.

- I will encourage good sportsmanship by demonstrating positive support for all players/cheerleaders, coaches, and officials at every game, practice or other youth sports events.
- I will place the emotional well being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.
- I will remember that the game is for youth, not adults.
- I will do my best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, or whatever I am capable of doing.
- I agree to be responsible for the behavior of the other members of my family and of any guests we may invite to a game.
- I understand that failure to comply with the Code of Ethics policy may lead to disciplinary action being taken against me, family members, guests and/or my child - such disciplinary action may include suspensions or expulsion from the program with no refund of program fees.

We have read, understand and accept the above Code of Ethics Policy and agree to maintain the highest level of ethics and sportsmanship towards players/cheerleaders, officials, opponents, coaches and administrators.

Participant Name (Printed) : _____

Participant Signature: _____ Date: _____

Parent Name (Printed) : _____

Parent Signature: _____ Date: _____

Please Note: Participants will not be issued official game uniforms, AND/OR be able to participate in Football or Cheer after our first official game week, until ALL registration/participation fees are paid in full.



ELMWOOD PARK RUSH YOUTH FOOTBALL & CHEER Image Release Form

I, _____, the undersigned, hereby give permission for Images and/or Video of me, or if applicable, of my minor child/children named below, captured during regular and special activities of Elmwood Park Rush Youth Football & Cheer being operated under the NFP of Elmwood Park Rush Youth Football Association, hereafter referred to as "E.P.R." through any means, to be used by E.P.R. and/or its affiliates for promotional purposes in any media whatsoever, without restriction as to alterations, and in conjunction with my own or a fictitious name.

I consent to such uses and hereby waive all rights to compensation and any right to inspect or approve the finished product image, regardless of format.

I confirm and acknowledge that I, the undersigned am the parent(s)/guardian(s) of the child/children named below and that this release shall be perpetual from the date of signature.

Participant Name (Printed): _____ Date of Birth: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

Elmwood Park Rush Youth Football Association
P.O. Box 35178
Elmwood Park, IL 60707
www.ElmwoodParkRush.com

Mission Statement of Elmwood Park Rush Youth Football & Cheer

The foundation of our program is to give children within our reach an avenue for extra curriculum activity that builds character, discipline, teamwork, healthy alternatives and better student athletes. Our non-for-profit program is structured as an educational platform for football and cheerleading. Although winning is a bi-product of our results, it's not part of our mission statement. The bottom line is that our program is about Building Healthy Bodies and Minds of the young girls and boys within our local communities.



ELMWOOD PARK RUSH YOUTH FOOTBALL & CHEER

Waiver of Liability/Release

(TO BE SIGNED BY THE PARENT(S)/GUARDIAN(S) OF PARTICIPANT)

For and in consideration of the undersigned participant's registration with the Elmwood Park Rush Youth Football & Cheer program ("Organization") operated under the NFP of Elmwood Park Rush Youth Football Association, and being allowed to participate in events and member activities, participant and the parent(s) or legal guardian(s) of participant waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant or participant's parent(s) or legal guardian(s) arising out of participation in events, or sports, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant and/or participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and participant and participant's parent(s)/guardian(s) do so on behalf of their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to events or sports participation and activities incidental thereto, and understand that activities incidental thereto involve risks to participant's and participant's parent(s)/guardian(s) person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's parent(s)/guardian(s) or the negligence of others, including the organization, its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releasees"), and include risks arising from the conditions and use of facilities and related premises. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of facilities and related premises, whether as a participant or a spectator, including without limitation, the risks involved with participating in the Organization's activities. Participant and participant's parent(s)/guardian(s) further acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

Participant and participant's parent(s)/guardian(s) acknowledge, understand The Organization reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Organization and may be used for publicity and promotional services.

Consent to Medical Treatment of Minor: I hereby give my consent to have the above applicant treated by a physical trainer, physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the Organization provides no medical insurance for such treatment under its liability insurance coverage. Medical benefits for such treatments/injuries may be provided with proof of medical coverage purchased through the Organization. The location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Participant and participant's parent(s)/guardian(s) agree if any claim for personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.

Participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers and risks and understand these waivers and releases are necessary to allow the activities of the Organization to exist in its present form. The Participant's parent(s)/guardian(s) also acknowledge that the entire Waiver of Liability & Release, including the use of photographs by the Organization, shall be perpetual from the date of signature.

Participant Name (Printed): _____ Date of Birth: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____



PAYMENT AUTHORIZATION FORM

..... Cheer Registration Fee (Per Participant).....\$260.00
 Football Registration Fee (Per Participant).....\$275.00
 Participation Fee (Per Family).....\$ 75.00

Please Note: Participants will not be issued official game uniforms, AND/OR be able to participate in Football or Cheer after our first official game week, until **ALL** registration/participation fees are paid in full.

PARTICIPANT NAME(S) _____

Select Payment Option:

PAYMENT BY CHECK:

ONE TIME payment by check in the full amount of \$ _____. Check # _____

PAYMENT BY CASH:

ONE TIME Cash Payment in the full amount of \$ _____. Cash Received By: _____

PAYMENT BY CREDIT CARD

ONE TIME payment in full in the amount of \$ _____.

Please Note: Participants will not be issued official game uniforms, AND/OR be able to participate in Football or Cheer after our first official game, until ALL registration/participation fees are paid in full.

CREDIT CARD INFORMATION – Please print and fill out completely					
Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover					
NAME ON CREDIT CARD					
ACCOUNT NUMBER					
EXPIRATION DATE		SEC CODE#			
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL			
AUTHORIZATION OF CARD USE					
I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. I understand that in the event the card is declined, that I am responsible for any charges incurred by Elmwood Park Rush Youth Football & Cheer and that the registration process will start over.					
CARDHOLDER NAME					
SIGNATURE		DATE			



ELMWOOD PARK RUSH YOUTH FOOTBALL & CHEER Medical Clearance Form

Must be dated after January 1st of the Current Season

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, Full Contact Tackle Football, Cheer, Dance, Step, Tumbling and/or any other athletic activities.

I am therefore clearing this individual for Full Contact/Athletic Participation.

TO BE COMPLETED BY STATE OF ILLINOIS QUALIFIED LICENSED INDIVIDUAL

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> _____ <div style="text-align: center;">Signature of Licensee</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> DATE: / / <small style="text-align: center;">(Must be dated after January 1st of the current season)</small> </div>	<p style="text-align: center; font-size: small;">Please Print -or- Use Office Stamp Here:</p> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;"> _____ Print Name Clearly: </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;"> _____ Office Address: </div>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, Concussion or Suspected Concussion 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.

Note that a "Doctors Resume Participation Medical Clearance Form" is not available from the Elmwood Park Rush Youth Football & Cheer Organization, which is operated under the NFP of Elmwood Park Rush Youth Football Association. Therefore, you must 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, Full Contact Tackle Football, Cheer, Dance, Step, Tumbling and/or any other athletic activities. I am therefore clearing this individual for Full Contact/Athletic Participation.

Participant Name (Printed): _____ Date of Birth: _____