WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE (AAYFL) and PEWAUKEE YOUTH FOOTBALL ASSOCIATION (PYFA)

2010 REGISTRATION FORM

ALL PARTICIPANTS MUST RESIDE IN THE PEWAUKEE HIGH SCHOOL DISTRICT

2010 Player Fee: $225 ($200 if reusing practice jersey) 2010 Cheerleader Fee: $100 Checks payable to "PYFA"

Last Name: _____ **First Name:** _____

Mother Name: _____ **Father Name:** _____

Mother Cell: (____) _____ **Father Cell:** (____) _____

Home Address: _____ **City-Zip:** ☐ Wauk-53186 ☐ Pewaukee-53072

Home Phone: (____) _____ **Returning Participant?:** ☐ YES ☐ NO

DOB (mm/dd/yyyy): ___/___/_____ **School-Fall 2010:** ☐ Horizon ☐ ASA ☐ Other_____ **Grade-Fall 2010:** _____

E-Mail: _____ @ _____ **E-Mail:** _____ @ _____ **E-Mail:** _____ @ _____

***PYFA communicates mostly through email, we recommend providing this information to stay current and informed ***

List Medical/Emergency information below (i.e.. allergies, medication, asthma, diabetes, epilepsy, etc.....)

_____

**** FOOTBALL PLAYERS ONLY COMPLETE THIS SECTION ****

Height(approx): _____ **Weight(approx):** _____ **Reusing practice jersey?:** ☐ YES ☐ NO **(If "Yes",fee reduced to $200)**

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE and PEWAUKEE YOUTH FOOTBALL ASSOCIATION, related *events and activities,* **the undersigned acknowledges, appreciates, and** *agrees that:*

1. **The risk o' injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline** *may* **reduce** *this* **risk, the risk** *of serious injury* **does** *exist; and,*
2. **I/We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,**
3. **I/We willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I/we observe any unusual significant hazards during my presence or participation, or if I am injured while participating in this activity, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,**
4. **I/We, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE, PEWAUKEE YOUTH FOOTBALL ASSOCIATION, its members, their officers, its coaches, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise; and,**
5. **I/We do consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the State of Wisconsin, when the need for such treatment is immediate and when efforts to contact me (us) are unsuccessful.**

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant Signature:_____ **Date Signed:** _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees.

Parent Signature:_____ **Date Signed:**_____

For those sending this registration form and payment via USPS Mail, please send to:

PYFA Registration
W227 N2557 Meadowood Lane
Waukesha, WI 53186

For Administrative Use Only

	Received	Amount	Type of Payment
Registration Fee:	**Y or N**	☐ $225 ☐ $200 ☐ $100 ☐ Other: _____	☐ Cash ☐ Check _____ ☐ Other: _____