



LINCOLN PARK TRAVELING FOOTBALL REGISTRATION

NAME: _____ AGE: _____

BIRTHDATE: _____ TELEPHONE _____

ADDRESS: _____

GRADE AS OF SEPTEMBER: _____

Registration fee: \$75.00/ 1st child plus a \$50.00 uniform deposit (total \$125.00)
 \$60.00/ each additional child (no additional uniform deposit)
 \$40.00/ Clinic

***ALL CHILDREN MUST SUPPLY A COPY OF HIS/HER BIRTH CERTIFICATE (except clinic).**

Email address _____

(This is our preferred form of communication)

I hereby grant permission for _____ to participate in the Lincoln Park Traveling Football Program.

I am aware that to play or participate in any sport can lead to various types of injuries. I understand that the PAL and its coaching staff shall **not be held responsible for injuries not caused by negligence.**

I am aware that any insurance claims **MUST FIRST BE SUBMITTED TO MY INSURANCE COMPANY.** Any bills not covered can be submitted to the PAL insurance company but will be subject to a \$100.00 deductible and payment within the insurance company's guidelines.

Legal Parent/Legal Guardian Signature

Date

******* IMPORTANT NOTE ***** IMPORTANT NOTE ***** IMPORTANT NOTE*******

It is a mandatory requirement for an adult representative from each player's family to work in the snack stand. Failure to comply will result in a \$50.00 fine. You have the option of paying your fine in advance with your registration and you will not be put on the schedule.

Yes, will work snack stand No, will pay \$50 fine now with registration.

Legal Parent/Legal Guardian Signature: _____

Your help is greatly needed! We would appreciate your help with:

Field Set up before games Chain Gang during games Assistant Coaches
(Rutgers Certification Class Required, paid by PAL)

Name: _____

PAYMENT REC'D

\$ _____

Check- # _____

Cash _____

CONSENT FORM

I THE PARENT/ GUARDIAN OF _____, GIVE MY CONSENT FOR HIS/ HER PARTICIPATION IN ALL ACTIVITIES OF THE PROGRAM IN WHICH HE/SHE IS BEING REGISTERED.

I AM AWARE THAT PARTICIPATION IN THIS PROGRAM CAN LEAD TO INJURY AND I ASSUME ALL RISKS INCIDENTAL TO SUCH PARTICIPATION. THE LINCOLN PARK PAL ITS' OFFICERS, COACHING STAFF AND MEMBERS SHALL NOT ASSUME RESPONSIBILITY FOR INJURIES NOT CAUSED BY NEGLIGENCE. YOUR CHILD WILL BE COVERED BY PAL ACCIDENT INSURANCE (\$100.00 DEDUCTIBLE) FOR CLAIMS NOT COVERED BY YOUR PERSONAL MEDICAL INSURANCE PLAN, EXCEPT SOCCER, WHICH IS PROVIDED BY THE STATE ASSOCIATION.

I CERTIFY TO THE BEST OF MY KNOWLEDGE MY SON/ DAUGHTER HAS NO PHYSICAL OR MENTAL DISABILITY THAT SHOULD PREVENT HIS/ HER FULL PARTICIPATION IN THIS PROGRAM.

IF THERE IS ANY MEDICAL OR PHYSICAL CONDITIONS OF WHICH THE P.A.L. AND ITS' COACHING STAFF SHOULD BE MADE AWARE OF, PLEASE LIST.

1. _____ 2. _____

I FURTHER STIPULATE THAT I HAVE RECEIVED, READ, AND FULLY UNDERSTOOD THE PARENTS CODE OF ETHICS AND RULES OF DISCIPLINE PROVIDED WITH THIS REGISTRATION FORM.

I PROMISE TO ABIDE BY THIS CODE AND THESE RULES AS AN EXAMPLE FOR MY CHILD AND TO ENCOURAGE GOOD SPORTSMANSHIP AT ALL TIMES TO MAKE HIS OR HER PARTICIPATION SAFE AND ENJOYABLE.

Parent/Guardian Signature: _____

LINCOLN PARK TRAVELING FOOTBALL PROGRAM
PARENTS CODE OF ETHICS

I HEREBY PLEDGE TO PROVIDE POSITIVE SUPPORT, CARE AND ENCOURAGEMENT FOR MY CHILD PARTICIPATING IN YOUTH SPORTS BY FOLLOWING THIS CODE OF ETHICS.

- I WILL ENCOURAGE GOOD SPORTSMANSHIP BY DEMONSTRATING POSITIVE SUPPORT FOR ALL PLAYERS, COACHES AND OFFICIALS AT EVERY GAME, PRACTICE OR OTHER YOUTH SPORTS EVENT.
- I WILL PLACE THE EMOTIONAL AND PHYSICAL WELL-BEING OF MY CHILD AHEAD OF ANY PERSONAL DESIRE TO WIN.
- I WILL INSIST THAT MY CHILD PLAYS IN A SAFE AND HEALTHY ENVIRONMENT.
- I WILL PROVIDE SUPPORT FOR COACHES AND OFFICIALS WORKING WITH MY CHILD TO PROVIDE A POSITIVE, ENJOYABLE EXPERIENCE FOR ALL.
- I WILL DEMAND A DRUG, ALCOHOL AND TOBACCO FREE SPORTS ENVIRONMENT FOR MY CHILD AND AGREE TO ASSIST BY REFRAINING FROM THEIR USE AT ALL SPORTS EVENTS.
- I WILL REMEMBER THAT THE GAME IS FOR THE CHILDREN AND NOT FOR ADULTS.
- I WILL DO MY VERY BEST TO MAKE YOUTH SPORTS FUN FOR MY CHILD.
- I WILL ASK MY CHILD TO TREAT OTHER PLAYERS, COACHES, FANS AND OTHER OFFICIALS WITH RESPECT REGARDLESS OF RACE, SEX, COLOR, 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, PROVIDING TRANSPORTATION OR WHATEVER I AM CAPABLE OF DOING.
- I WILL REQUIRE MY CHILD'S COACH BE TRAINED IN THE RESPONSIBILITIES OF BEING A YOUTH SPORTS COACH AND THAT THE COACH AGREES TO THE YOUTH SPORTS COACHES' CODE OF ETHICS.
- I WILL READ THE N.Y.S.C.A. NATIONAL STANDARDS FOR YOUTH SPORTS AND DO EVERYTHING IN MY POWER TO ASSIST ALL YOUTH SPORTS ORGANIZATIONS TO IMPLEMENT AND ENFORCE THEM.
- I UNDERSTAND THAT THIS IS A TRAVELING TEAM AND ALTHOUGH THE COACHES WILL MAKE AN EFFORT TO PLAY EACH CHILD, PLAYING TIME IN EVERY GAME IS NOT GUARANTEED.

CHILD'S NAME: _____

PARENT /GUARDIAN SIGNATURE _____ DATE _____

UNITED COUNTIES JUNIOR FOOTBALL LEAGUE REGISTRATION FORM

LINCOLN PARK

A B C D – SQUAD
(Circle one)

Eligibility to participate in UNITED COUNTIES JUNIOR FOOTBALL LEAGUE must meet the following requirements:

- 1) Must attend elementary school (no freshman/ ninth graders).
- 2) Must be a resident in the town that you are playing in.
- 3) Older/ Lighter must play interior line both offensive and defensive and must register with a lineman numbered 50 through 70 and may not be eligible for tackle eligible play. (May not handle ball)

<u>LEVEL</u>	<u>WEIGHT LIMITS</u>	<u>AGE by current year</u>
A – TEAM	155 lbs.	Will not be 15 by Dec 1
B – TEAM	130 lbs.	Will not be 12 by Aug 1
C – TEAM	105 lbs.	Will not be 10 by Aug 1
D – TEAM	90 lbs.	Will not be 8 by Aug 1
<u>OLDER/ LIGHTER</u>	<u>WEIGHT LIMITS</u>	<u>AGE by current year</u>
B – TEAM	100 lbs.	Will not be 13 by Dec 1
C- TEAM	80 lbs.	Will not be 11 by Dec 1

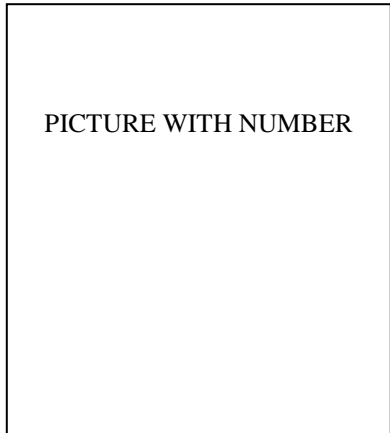
NAME: _____

ADDRESS: _____

TELEPHONE: _____

AGE: _____

BIRTHDATE: _____



The Officers and Representatives of the *UNITED COUNTIES JUNIOR FOOTBALL LEAGUE* will not be held responsible for personal injuries incurred while participating in any way with the *UNITED COUNTIES JUNIOR FOOTBALL LEAGUE*. Bill # (s-1668)

As Parent/Guardian, I confirm the above information is correct and accurate.

Parent/Guardian's Signature

Date

I have seen the above player's original birth certificate and verified the above information.

Town Representative

Date

This football player has met the requirements and is eligible to participate in the UNITED COUNTIES JUNIOR FOOTBALL LEAGUE.

UCJFL Official

Date