

2021 HAWTHORNE CUBS FOOTBALL REGISTRATION FORM

*must complete one form for each sibling

Player Last Name	First Name
Player Home Address _____ Hawthorne, NJ 07506	
In September, the player named above will be in the _____ th Grade, at _____ School	
Player's Date of Birth is _____ On December 31 st the player named above will be _____ years old.	
Parent/Guardian 1 _____	Parent/Guardian 2 _____
Mobile Number 1 _____	Mobile Number 2 _____
Email 1 _____	Email 2 _____

CONSENT TO OBTAIN EMERGENCY MEDICAL TREATMENT

As the Parent/Guardian of player named above, I hereby authorize the coaches and/or officers of the Hawthorne Cubs Football Association, in the event of my absence or unavailability, to give my consent to act on my behalf to obtain emergency medical treatment or care for my son/daughter. I hereby further release the coaches and/or officers of the Hawthorne Cubs Football Association from any and all liability whatsoever arising out of the exercise of the authority given hereunder to obtain emergency medical treatment or care for my son/daughter.

Alternate Emergency Contact _____	Relation _____	Phone Number _____
Player's Primary Doctor _____	Location _____	Phone Number _____
Parent/Guardian Name _____	Signature _____	Date _____

In consideration of participation in the Hawthorne Cubs Football Association, its related events and activities, I acknowledge and willingly agree that:

1. The risk of injury from activities involved in this program are significant, including the potential for permanent paralysis and death. Proper training, skills, equipment and personal discipline may reduce the risk, but acknowledge the risk of serious injury still does exist. I knowingly and freely assume all risks, known and unknown, even arising from the negligence of others and assume full responsibility for my child's participation in the Hawthorne Cubs Football Association program.
2. I comply with the stated and customary terms and conditions for participants. If however, I observe any unusual significant hazard during my presence or participation, I will remove my child from participation and bring it to the attention of the officers and/or coaches of the Hawthorne Cubs Football Association immediately.
3. I give approval for above named child's participation in any of the activities of the Hawthorne Cubs Football Association. I assume all risks and hazards of the conducted activities, including the transportation to and from the activities, and I hereby release from responsibility any person transporting my child to and from the activities. For myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless the Hawthorne Cubs Football Association, their officers, officials, agents, employees, participating sponsors, advertisers, owners and lessors of the premises used for the activity.
4. Although, the Hawthorne Cubs Football Association does not require a physician's report, I assume all responsibility of my child's physical condition and medical attention, in the event it is required. The Hawthorne Cubs Football Association strongly recommends yearly physicals, and physician's recommendation for any child's participation in any sport or activity.
5. I assume the responsibility and replacement costs for all equipment issued to the above named child, and I agree to return all the equipment immediately following the season in the same condition as issued, with usual and normal wear and tear.
6. I understand the registration fee and all payments for the participation of the activities of the Hawthorne Cubs Football Association are non-refundable, in the event my child decides to no longer to participate or continue with the program.
7. Any reimbursements for payments, refunds, deposits, etc. will be paid by check only, regardless of how original payment was made.

Parent/Guardian Name _____	Signature _____	Date _____
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***Please tell us how you would like to volunteer, coaching, fundraising, snack stand, field set up, field clean up, other _____**

Credit Card # _____	Exp Date _____	CV Code _____	\$ _____
Card Holder Name _____	Address _____	Zip _____	Signature _____

HAWTHORNE CUBS USE ONLY ***Do Not Write Below This Line*******

Proof of Residency Verified (circle): Driver License – Utility Bill – Bank Statement – Report Card – Other _____

Player Level (circle): Flag - Mighty Mite - Pee Wee – Junior – Senior Birth Certificate on File - yes / no

Non-Refundable Deposit (per player).....	\$25.00 x _____	= _____	
___ 1 Player.....	\$275.00 x _____	= _____	
___ 2 Players*.....	\$325.00 x _____	= _____	
___ 3 Players* (or more / family maximum).....	\$375.00 x _____	= _____	
Game Jerseys (per player).....	\$65.00 x _____	= _____	
Cubs Camp (optional per player or cubs camp only).....	\$40.00 x _____	= _____	
Flag Football Clinic (kindergarten only).....	\$40.00 x _____	= _____	
Volunteer Deposit (one parent per season).....	\$50.00 x _____	= _____	

Cubs Volunteer Name _____

Game Jersey Condition _____

Current Number _____

Amount Paid \$ _____

Credit Card Cash Check # _____

Balance Due \$ _____

*Sibling Names _____ **TOTAL DUE**