

CENTURY COMMUNITY FOOTBALL * REGISTRATION 2010

Note: Form must be completed, signed, and fees paid before gear can be issued

Please complete form and return with registration fee to:

Century Community Football, 20449 SW T.V. Hwy #402, Aloha, OR 97006

Attention: CCF Board

Grade (as of 9/10):

__3rd __4th \$160.00

__5th __6th \$160.00

__7th __8th \$200.00

Registration Discount: Families with more than 1 child participating will receive a discount for each additional child. The discount applies to the lower grade. Child #1 - full fee. Child #2 - 80% of fee. Each additional child 50% of fee.

**Please make check payable to Century Community Football. Price includes \$50.00 fundraiser (see below).

ELIGIBILITY INFORMATION

Player must reside within Century High School boundaries and be in 3rd - 8th grade in 2010-2011 school year.

PLAYER INFORMATION (Please print)

Player name _____

Age _____ School (as of 9/10) _____ Weight: _____

Parent/Guardian _____ Home phone _____

Address _____ City _____ Zip _____

Cell phone/name _____ Email _____

CCF will make every attempt to honor special requests. Please state your request here:

CCF will continue to be successful only with your support. Please check any area that you can help!

- Head coach
- Assistant coach
- Team helper
- Equipment

FUNDRAISER

Fund raising is necessary to insure a quality program with safe equipment. Registration fees only cover 60% of the average cost per player in our program. Your player's participation gains them valuable experience and ownership of a quality program. Your registration fee includes 5 discount "Jag Cards" (coaches cards). You will receive your cards at gear issue. These cards sell for \$20.00 each. You may keep and use the cards or you may keep the proceeds from the sales of these cards.

PLAYER CONTRACT

I as parent/guardian of _____ (candidate/minor) hereby give permission for said minor to participate in any and all the activities sponsored by said association, and agree to release, indemnify, and to hold harmless the association, conference, including but not limited to its organizers, sponsors, supervisors, leaders, participants, officials, coaches and other agents or representatives including persons transporting said minor from any and all claims arising out of injury to the above said minor except to the extent of, and in the amount of, insurance coverage held by the association.

INSURANCE: The League has Group Accident Insurance Coverage for medical and hospital expenses with a given deductible amount for each accident incurred. The League insurance is considered as secondary coverage when there is any other valid and collectible coverage provided by parent's insurance. Maximum coverage is provided for any one accident with a given maximum dental coverage for sound natural teeth. In executing the foregoing release, I/We, the undersigned, hereby acknowledge and represent that: (A) I/We, understand that any claim for medical service which arises out of injury must be reported to the team manager WITHIN TWENTY DAYS of the date of injury. (B) I/We have read the foregoing release and understand it and sign it voluntarily. I/We understand that any registration fee or other sums paid does not constitute a direct premium payment for insurance.

FEES: I as parent/guardian of said minor understand that any and all fees assessed by the association and/or League are nonrefundable if the said minor participates in any activity of the association.

EQUIPMENT RESPONSIBILITY: I as parent/guardian of said minor do hereby assume full and complete responsibility for the proper care and maintenance of all equipment issued by the association to said candidate/minor, I understand all equipment is to be used for association and/or League activities only and that all equipment remains the legal property of the association. I agree to reimburse the association for any and all equipment that is lost or damaged or stolen for the value stated by the association with payment due when equipment is returned. All equipment will be returned immediately upon the withdrawal of the said candidate/minor from the association.

RULES AND REGULATIONS: I as parent/guardian of said minor and I as said candidate/minor understand that it is the responsibility of the parent/guardian, candidate/minor, team, and association to comply with any and all rules and regulations of said association.

I have read all the above and understand it completely and hereby place my signature as proof below:

Parent/guardian _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION: I as parent/guardian of said candidate/minor do hereby authorize and direct the said association to act as agent for me to consent and to obtain medical, surgical, dental treatment and/or examination for said minor in case of illness or injury occurring from participation in any activities of the association and/or League. I do hereby consent to any x-ray, examination, anesthesia, medical or surgical or dental treatment that is considered necessary by the attending physician or dentist. I understand that in an emergency reasonable efforts will be made to notify me.

Physician's name _____

Parent/guardian _____