

(Internal Use) Team \_\_\_\_\_ Jersey # \_\_\_\_\_ Helmet # \_\_\_\_\_

## HEALDSBURG BULLDOGS YOUTH FOOTBALL & CHEER

### REGISTRATION FORM – 2010 SEASON

Participant's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Work# \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Father's Work# \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Age (as of Aug 1, 2010) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight \_\_\_\_\_ lb (Football only)

Previously a football player/cheerleader? (Please circle) Yes No Where? \_\_\_\_\_

#### Participant lives with:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

#### Parent(s) not living at above address:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#### **In case of emergency contact:**

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

All participants must have on file before the first day of practice: a current year physical dated no earlier than March 1, 2010, a signed Player/Parent contract, a signed NBYFC Adult Code of Ethics form and a signed Healdsburg Bulldogs Parent Contract. First-year participants must also have a County-issued certified copy of their birth certificate. Registration fees are non-refundable after participation on July 26, 2010. The Parent Participation fee of \$50 is refundable at the end of the season after the assigned volunteer duties have been completed. Transportation of participants is the responsibility of each parent/guardian. Transportation release forms are available upon request. Participants not in good-standing in 2009 will not be able to register for the 2010 season. I have read and understand the terms of the HBYFC registration form:

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

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HBYFC USE ONLY:

Reg Fee \_\_\_\_\_ CK / Cash / MO Ck No. \_\_\_\_\_ Initials \_\_\_\_\_ Date received \_\_\_\_\_ Pymt Plan \_\_\_\_\_ PAC \_\_\_\_\_

P/P Fee \_\_\_\_\_ CK/ Cash/ MO Ck No. \_\_\_\_\_ Initials \_\_\_\_\_ Date received \_\_\_\_\_ Date refunded \_\_\_\_\_

Sibling Discount \_\_\_\_\_ Name(s)/Team(s) \_\_\_\_\_

PHY \_\_\_\_\_ B.C. \_\_\_\_\_ PPC \_\_\_\_\_ COE \_\_\_\_\_ HPC \_\_\_\_\_ RC \_\_\_\_\_ PAC \_\_\_\_\_ Camp \_\_\_\_\_