Verona Eagles Football/Cheerleading Registration 2015 Season

Football - Current 1st thru 7th graders Cheerleaders - Current 2nd thru 7th graders

Registration Dates: Thursday, May 28th from 6:30 p.m. to 8:00 p.m - Fireman's Room

Saturday, May 30th from 9:30 a.m. to 11:00 a.m. - Annex Building

Verona Community Center

Registration Fees: 1 child = \$160.00 2 children = \$270.00 3 or more children = \$320.00

Equipment/Uniform deposit check post dated November 15, 2015 in the amount of: \$ 200.00 per family

All checks made out to: Verona Eagles

T-Shirt Size (circle) Youth sizes: S

Form must be completed by Parent /Guardian - PLEASE PRINT LEGIBLY All forms per participating child must be completed

Player's Name:			
Address:	Home Phone: _		
Guardian 1 Name:	Guardian 2 Name:		
Guardian 1 Cell:	_ Guardian 2 Cell:		
Email Address:	School in Sept	Grade in Sept	
Present Age Birth Date:	_		
Parents Permission:			
	I agree to accept full responding the applicable is physically fit to participate to CHILD will be able to pass be bound by the attached will be assigned to voluntee the out with and the Verona game announcer escheduled to help out in	consibility for any injury resulting from above Comprehensive Insurance Program. My child ate in these activities. Medical form must be articipate until form is completed and signed a Parent's Code of Ethics. The during the course of the season. The Eagles will assign you. The Snack Bar**	
Signature of parent/guardian:		Dated:	
Please check if you are interested in coaching • Parents of all NEW football registrants and	(you will be notified if		
·	tions, please call Mike Pass he Verona Eagles Website:		
For Administrative Use Only: Payment Received by:	Cash Check #		
Equipment Deposit Check Received by: C	Check #		

Adult sizes: S

VERONA EAGLES 2015 FOOTBALL AND CHEERLEADING MEDICAL RECORD INFORMATION

Last Name:	First Na		
Address:	Date o		
Grade (in September):	Team:		
Parent/Guardian Information:			
Father:	Mother	·	
Phone at home:	Phone a	Phone at home:	
Phone at work:	Phone a	Phone at work:	
Cell Number:	Cell Nun	Cell Number:	
Email:	Email:		
Physician to be called in an emergency: Preferred Hospital:		Phone #:	
Reliable persons to whom child may be rele	eased to if a parent is not	available:	
Name:			
Name:			
Name:	Relationship:	Phone:	
List any medical conditions and allergies:			
I understand that any changes in the above Board. I also give permission for emergenc	•	•	erona Eagles
Signature/Relationship		 Date	

Verona Eagles Code of Ethics

Parent/Guardian Code of Ethics:

- I hereby pledge to provide positive support, care and encouragement for my child participating in sports by following this Parents' Code of Ethics.
- I will encourage good sportsmanship by demonstrating positive support for all players, cheerleaders, coaches and officials at every game, practice or youth sports event.
- I will not encourage my child, or any other person, to engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
- I will not engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, cheerleader, participant, official or any other attendee.
- I will place the emotional and physical well being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will not engage in verbal or physical threats or abuse aimed at any coach, parent, player, cheerleader, participant, official or any other attendee.
- I will not use drugs or alcohol while at a youth sports event and will not attend, coach, or participate in a youth sports event while under the influence of drugs or alcohol
- I will instruct my child to treat other players, cheerleaders, coaches, fans and officials with respect regardless of race, sex, creed or ability.