



PLYMOUTH REGIONAL HUSKIES

A non-profit Organization for Area Youth
PO Box 20 Plymouth, NH 03264-0020

www.plymouthregionalhuskies.com



REGISTRATION FORM

Players Last Name _____ First Name _____ Middle Initial _____

Birth Date _____ School Attending _____ Grade going into _____

Telephone _____ Yrs in Program _____ email: _____

Street Address _____ Town _____ Zip _____

Mailing Address _____ Town _____ Zip _____

Cell phone _____ cell provider _____ ok to text

Optional cell _____ cell provider _____ ok to text

Fathers/Guardian Name _____ Business Phone _____

Mothers/Guardian Name _____ Business Phone _____

IF PARENT OR LEGAL GUARDIAN CAN NOT BE REACHED CALL

Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

I, the parent or legal guardian of the above named candidate for a position on the Plymouth Regional Huskies Football/Cheerleading Team, do hereby grant permission for his/her participation in any and all team activities including out of state travel.

I, agree to assume all risks and hazards incidental to participation on a football/cheerleading team, including transportation to and from the activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless Plymouth Regional Huskies, the NHYFSC, the officers, directors, sponsors, volunteers, participants and persons transporting my child to and from any and all team activities, for any claim arising out of an injury to my child whether the result of negligence or for any other cause.

I consent to the use of my child's name, and/or photograph to be used in Plymouth Regional Huskies related publications, to include local newspapers, yearbook, video, and on our internet website.

I agree to return upon request the uniform and equipment issued to my child in as good as condition as when it was received except for normal wear and tear. I will be responsible for any lost or damaged uniforms or equipment.

We **require** active participation of all parents/guardians in our program. Our organization requires six (6) hours per participant. **I agree to participate in any volunteer and/or fundraising efforts on behalf of the above named candidate as requested by the Association.** Please initial your acceptance here _____

Because your child is involved in an active sport, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur at team functions, practices, or at games, both home and away (possibly out of state). I hereby grant permission to the Association to administer first aid, secure proper treatment and/or hospitalize my son/daughter/ward in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THE ABOVE:

Signature of Parent or Legal Guardian

Date

LEAGUE USE: Reg Ck# _____ CrCard# _____ BC _____ Physical Release _____ Report Card _____ Online registration-NHYFSC _____

