

Haslett Youth Football

Open to all Haslett students
entering grades 6th – 8th
Registration Deadline

June 21



Just \$15 for first time HYFB
players! Must register via
phone/fax by 4:00 PM on
6/21 to redeem this offer
... no prior football experience
required, all levels welcome

2019 REGISTRATION FORM

Player Name: _____ Grade as of fall 19: _____

Parent Name: _____

Address: _____

Name of school player will attend in fall 2019: _____

Parent email address: _____

Home Phone: _____ Cell Phone: _____

Payment amount: _____ \$50 (on or before 6/21) _____ \$95 (after 6/21) METHOD: Cash Check Visa MC Disc.

Card Number: _____ Exp. Date: _____ Check# (Payable to Haslett Community Education): _____

The following are required for participation in the Haslett Youth Football program.

The documents need to be turned in prior the 1st practice in order to participate

*Physical examination * Copy of original birth certificate

* Players must attend school in the Haslett School District (home schooled students residing in the district are the only exception)

**Players must turn in a copy of a sports physical that was
dated/conducted after April 12, 2019 prior to conditioning or practicing.**

General Haslett Youth Football Information

Age Divisions: Teams will be divided by grade (6th graders, 7th graders, 8th graders)

Players need to supply: Certified helmet, all pads, mouth guard, shoes (league shoe requirements are gym shoes or soft rubber cleats/no screw ins for 6th – 7th and ½ inch or less screw in type cleats for 8th graders)

Practice Information: Players will be contacted 1-2 weeks before practice begins and divided into teams after several group practices. Practices will begin August 12th.

Game Information: Dates are TBA, but teams will play on Saturdays. 6th graders will play 6 games, 7th graders will play 7 games, and 8th graders will play 8 games. Games will begin on 8/24 for 7th and 8th grades and after Labor Day for 6th grade. The season will conclude by October 26 (or earlier).

Do you have additional Questions ??? Call (517) 339-2665

Haslett Youth Football parental consent:

I hereby give my consent for _____ to play tackle football as a member of the Haslett Youth Football program. I understand the possibility that serious injury, including paralysis, and even death may result from participation in tackle football. I understand that participants have the responsibility to help reduce the chance of injury through proper conditioning, obtaining and wearing proper equipment, and by following the rules of the game. I authorize emergency medical treatment as required if I cannot be reached.

Signature of parent or legal guardian

Date



HASLETT YOUTH FOOTBALL MEDICAL RELEASE FORM



My Child's Name: _____

1st Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

2nd Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

Health Insurance Company: _____ Policy # _____

Doctor Preference: _____ Phone: _____

Hospital Preference: _____

Emergency Phone: _____ Contact Name: _____

In the event parents cannot be contacted, the following people are designated to seek medical attention for my child:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

ALLERGIES TO MEDICINE: _____

Medical conditions that coaches should know: (e.g., asthma, heart problems, muscle/joint problems, past injuries, etc.):

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness etc., under the direction of my child's coach and the people listed above until such time as I may be contacted. This release is effective for the time that my child is participating in Haslett Youth Football (HYFB) games, team practice sessions, tryouts, or any other HYFB related activity. I also hereby assume the responsibility for payment of any such treatments. I understand the possibility that serious injury, including paralysis, and even death may result from participation in athletics. I understand that participants have the responsibility to help reduce the chance of injury through proper conditioning, obtaining and wearing proper equipment, and by following the rules of the game.

Signature of Parent or Guardian

Date

As parent/legal guardian, of _____, a minor child, I give my permission for said minor to participate in the Haslett Youth Football program. In consideration of the Haslett Public Schools and Haslett Youth Football league making this activity available to the above named minor child, I, for myself, the minor child, and anyone claiming under or through him/her, hereby release and discharge the Haslett Public Schools, Haslett Youth Football, it's representatives and volunteers from all liability, claims, demands, and actions, regardless of kind or character, connected with, arising out of, or in any way related to my child's participation in such activity.

Signature of Parent or Guardian

Date