

WEST DES MOINES 'LITTLE PRO' YOUTH FOOTBALL LEAGUE, INC.

Player Registration Form **WDMLPYFL--DEDICATION/SPORTSMANSHIP/FUNDAMENTALS**

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Athlete Information

***** **MUST BE ACCURATE** *****

<i>Last Name</i>	<i>First Name</i>	<i>Height</i>	<i>Weight</i>	<i>Date of Birth</i>	
		'	"		
<i>Grade in Fall</i>	<i>School in Fall</i>	<i>League Participation:</i>		<i>Last Year's Team and Division</i>	
		New Participant	Returning Player ()	
<i>Football Experience:</i> (Please check all that apply)					
None	Sandlot	Flag	1 year of full-contact	2 or more years of full-contact	Participated in another full-contact League

Address and Contact Information

<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>E-mail Address(es)</i>			
<i>Parent / Guardian #1</i>	<i>Relationship to player</i>	<i>Home Number</i>	<i>Day or C-Phone</i>
<i>Parent / Guardian #2</i>	<i>Relationship to player</i>	<i>Home Number</i>	<i>Day or C-Phone</i>
<i>Primary Emergency Contact Name</i>	<i>Relationship to player</i>	<i>Home Number</i>	<i>Day or C-Phone</i>

Waiver and Medical Information

The undersigned individual, by and through his parent or legal guardian, in consideration of participation in the West Des Moines 'Little Pro' Youth Football League Inc., covenants and agrees to hold harmless, WDMLPYFL, its agents, team organizations, coaches and all league administrators, against all liabilities, expenses, costs, and claims arising from or in connection with any suit, claim, or demand of any kind and character brought or maintained in connection with the individual's participation in the WDMLPYFL and any associate member team. The program includes the use of football player's equipment, and the preparation for participation in tackle football games, a contact sport under the instruction and supervision of adults. WDMLPYFL hereby informs both the player and parents/guardians that there are risks inherent in athletic competition. By signing below the player and parent/guardians acknowledge this information and give their consent to participate.

I/We the undersigned agree to the above, and agree to return all equipment assigned to my/our child. **I/We also understand that this program requires participants to have independent and adequate medical insurance coverage for participation.** In the event of serious accident or illness concerning my/our child, I understand the League will make a good faith effort to contact me based on the information provided above. If I can not be reached, I authorize the WDMLPYFL to contact the medical doctor indicated below and follow his/her instructions. If the Doctor can not be reached, I then authorize the WDMLPYFL to take whatever steps it may deem necessary for the health, security and comfort of my/our child. I realize there is a risk of being injured in all sports. I understand the risks include severe injuries such as, but not limited to, fractures, brain injuries, paralysis, or even death. I further understand that the WDMLPYFL disclaims all financial responsibility for the costs associated with medical treatment, hospitals, ambulances or paramedics, etc., arising from an injury to my/our child while participating in such competition or in preparation therefore.

Signature of Parent or Guardian

Date

Medical Coverage Policy # *Insurance Carrier and Agent* *Emergency Contact Physician Name and Phone Number*

Please use the back of this form to comment on any special or medical conditions your child has that you want us to be made aware of.

IMPORTANT: FOR THIS REGISTRATION TO BE CONSIDERED COMPLETE AND VALID FOR PROCESSING, IT MUST BE FORWARDED BY U.S. MAIL & HAVE THE **FOLLOWING DOCUMENTS ATTACHED:**

- 1) A Signed **'PARENTAL CODE OF CONDUCT'** Form
- 2) A **COPY** Of The Participant's **BIRTH CERTIFICATE**
- 3) A **CHECK OR MONEY ORDER** In The Amount Of **\$180.00** Payable To DCG YFL

FORWARD TO: Mike Balzer, 1104 NW Gabus Circle, Grimes IA., 50111

ADMINISTRATIVE USE ONLY

MD: CC BC CK HW EM IN
DON:
DOSN:
Program Fee _____
Check No. _____
Receipt Date _____
Reg. Number _____

DCG Youth Football Sign Up Information (Youth tackle football)

Registration for the 2009 Fall Season of DCG Youth Tackle Football is open during the months of February/March for all 2009 Fall 3rd through 6th grade students in the cities of Grimes and Dallas Center. To guarantee a spot you must complete your application and have it mailed by April 3rd, 2009. This is a strict deadline due to the fact that the league requires all coaches to be certified for insurance purposes. The number of applicants will determine the number of coaches and allow them ample opportunity to get certified.

To register, please accurately complete the registration form attached. It is important that you fill out the height and weight information to better help the league order needed equipment. Attach a check or money order (made out to DCG Youth Football League) in the amount of \$180 per player and a copy of the participant's Birth Certificate and send the completed form to:

Mike Balzer
Attn: DCG YFL
1104 NW Gabus Circle
Grimes, IA 50111

For more information on the youth football league please visit the league web site. Most questions can be answered from visiting this site.

www.wdmlpyfl.com

Sincerely,

DCG Youth Football Board