

# **BELLEVUE JUNIOR SPORTS ASSOCIATION**

## **TACKLE FOOTBALL REGISTRATION**

Players Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

D/O/B: \_\_\_\_\_ Age: \_\_\_\_\_ (On August 1, 2011) Grade: \_\_\_\_\_

Work Phone (Father): \_\_\_\_\_ Work Phone (Mother): \_\_\_\_\_

Mobile Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

Have you played tackle football before? Yes \_\_\_\_\_ / Number of years \_\_\_\_\_ No \_\_\_\_\_

If yes, what team were you on last season: \_\_\_\_\_ Approximate weight \_\_\_\_\_

### **Parents:**

Are you interested in: Coaching: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_ Team Parent: \_\_\_\_\_

Concessions: \_\_\_\_\_ Field Prep: \_\_\_\_\_ Equipment Help: \_\_\_\_\_

### ***\*NO REFUNDS WILL BE ISSUED AFTER AUGUST 15, 2011\****

**A \$30.00 administrative fee will be assessed for those players that decide not to play prior to August 15, 2011**

I hereby give my permission for my child to participate in the Bellevue Junior Sports Tackle Football Program. I release the Bellevue Junior Sports Association from all liabilities due to accident or injury and I do myself assume their responsibility. I also grant permission to the team or league officials of the Bellevue Junior Sports to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should my child become ill or injured while participating in team or league activities.

I agree to claim responsibility for ALL BJSA equipment issued to my son/daughter. I will return the equipment at the conclusion of the season. I will be an eager supporter of fundraising activities via candy sales, raffle tickets, etc. in the manner prescribed by the BJSA when they are distributed.

**NOTICE:** LEGISLATIVE BILL 594 enacted by the Nebraska State Legislature in 1989 states the following: Coaches, managers, umpires, Referees, their assistants or anyone who prepares any playing fields shall NOT be liable for the injury or death of any participant In BJSA Football which results from the negligence of any of the above listed individuals.

Negligent acts or omission shall not include any reckless, willful, wanton, or gross negligent act or omission.

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## METHOD OF PAYMENT

Check #: \_\_\_\_\_

Cash: \_\_\_\_\_

Credit Card: \_\_\_\_\_

### Payment Options:

Option 1: \_\_\_\_\_ \$170.00 Registration fee w/o Fundraiser

Option 2: \_\_\_\_\_ \$130.00 Registration fee w/Fundraiser  
(2 Boxes of Candy Bars = 80 Bars)

**\*\*Late Fee: \$20.00 (after Aug. 1)\*\***

- Additional player discount \$10.00 per player

\*\* Registrants using option (2) must meet the terms of the fundraiser and turn in all monies from the fundraiser or they shall be subject to suspension from games and practices, until such time that they met the terms of the fundraiser. This pertains to the initial (2) boxes of candy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>New Parent/Player Orientation:</b>	<b>Wednesday, July 20th, 6:30pm</b> <b>BJSA Sports Center</b>
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**No special request will be taken for team placement of players. Teams are  
Divided by a draft at the conclusion of conditioning.**

**ALL PARENTS WILL BE ASKED TO WORK A 2-HOURS SHIFT INSIDE THE  
CONCESSION STAND ON GAMEDAY.**

# FOOTBALL INFORMATION SHEET

Players Name: \_\_\_\_\_ Age: \_\_\_\_\_ (on Aug. 1, 2011)

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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BJSA USE ONLY

Team: \_\_\_\_\_

Fee: \_\_\_\_\_ Candy: \_\_\_\_\_ Volunteer Fee: \_\_\_\_\_

Volunteer Hours: \_\_\_\_\_

## *Uniform Check-Out*

Helmet #: \_\_\_\_\_

Shoulder Pads: \_\_\_\_\_

Belt: \_\_\_\_\_

Thigh Pads: \_\_\_\_\_

Knee Pads: \_\_\_\_\_

Hip Pads: \_\_\_\_\_

Butt Pad: \_\_\_\_\_

Girdle: \_\_\_\_\_

Mouthpiece: \_\_\_\_\_

Practice Pants: \_\_\_\_\_

Practice Jersey # or Color: \_\_\_\_\_

Game Jersey #: \_\_\_\_\_

Game Pants: \_\_\_\_\_