

BILLS YOUTH FOOTBALL & CHEERLEADING ASSOCIATION
BUFFALO GROVE, ILLINOIS
2020 FOOTBALL SEASON REGISTRATION AND CONSENT FORM



WEBSITE: www.bgbills.org PHONE: (847) 452-8677

REGISTRATION FEES ARE \$450.00 PER PLAYER

MAILING ADDRESS: Tom Sibó, 630 Twisted Oak Lane, Buffalo Grove IL 60089

PLAYER'S FULL NAME _____ **PHONE:** _____

ADDRESS: _____

CURRENT WEIGHT: _____ **BIRTHDATE:** _____

EMAIL ADDRESS(ES):

CITY: _____ **STATE:** _____ **ZIP:** _____

SCHOOL: _____ **GRADE (AS OF SEPT 1, 2020):** _____ **AGE (AS OF SEPT 1, 2020):** _____

FATHER'S NAME: _____ **OCCUPATION:** _____

MOTHER'S NAME: _____ **OCCUPATION:** _____

IS YOUR CHILD A RETURNING PLAYER FROM 2019? YES _____ NO _____

DOES YOUR CHILD PARTICIPATE IN ANYTHING THAT MAY CONFLICT WITH FOOTBALL? YES _____ NO _____

IF YES, PLEASE LIST _____

JERSEY # REQUESTED: _____ **BACKUP # REQUEST:** _____

EMERGENCY CONTACTS:

FAMILY PHYSICIAN: _____ **PHONE:** _____

CONTACT: _____ **PHONE:** _____

CONTACT: _____ **PHONE:** _____

PRIMARY MEDICAL INSURANCE: _____ **POLICY #:** _____

LIABILITY RELEASE

BY SIGNING THIS CONSENT FORM I AGREE TO ACCEPT GENERAL LIABILITY FOR THE PARTICIPATION OF MY CHILD IN THIS PROGRAM, AND ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS THE **BILLS YOUTH FOOTBALL ASSOCIATION, ITS BOARD OF DIRECTORS, OFFICERS,**

COACHES AND ANY OTHER PERSON OR GROUPS OR SPONSORS, WHO PROVIDE GOODS OR SERVICES.

MEDICAL CONSENT

I/WE AUTHORIZE MEDICAL TREATMENT OF THE AFOREMENTIONED MINOR BY A QUALIFIED AND LICENSED PERSON IN WHICH A DELAY COULD BE **DETRIMENTAL**. THIS AUTHORITY IS GRANTED ONLY AFTER A REASONABLE EFFORT IS MADE TO CONTACT ME. THIS CONSENT IS GRANTED FOR THE PERIOD OF THE APPROXIMATE TIME OF JULY 15TH THROUGH DECEMBER 10TH OF THE CURRENT SEASON.

PARENT / LEGAL GUARDIAN: _____ **DATE:** _____

UNIFORM WAIVER

I/WE ALSO ASSUME RESPONSIBILITY FOR THE UNIFORM AND EQUIPMENT ISSUED AND AGREE TO RETURN IT AT THE APPOINTED TIME. FAILURE TO DO SO WILL RESULT IN A FEE OF \$300.00, PLUS ANY COSTS AND FEES **INCURRED BY BILLS YOUTH FOOTBALL, TO BE COLLECTED FROM ME.**

ALL EQUIPMENT/UNIFORMS MUST BE RETURNED IN THE SAME CONDITION IN WHICH THEY WERE RECEIVED.

REFUND POLICY

A 50% REFUND FOR REGISTRATION FEES ONLY WILL BE ISSUED PRIOR TO A POSTMARKED DATE OF MAY 1, 2020. AFTER MAY 1, 2020, UP TO EQUIPMENT HAND OUT A 25% REFUND WILL BE ISSUED. AFTER FIRST EQUIPMENT HAND OUT DATE, NO REFUNDS WILL BE ISSUED!

ALL REFUNDS MUST BE IN WRITING, AND MAILED TO TOM SIBO (AT ADDRESS ABOVE/BELOW)

NO REFUNDS WILL BE GIVEN AFTER EQUIPMENT/UNIFORM HAS BEEN ISSUED!!!

A MANDATORY \$100.00 RAFFLE TICKET BOOK MUST BE PURCHASED DURING EQUIPMENT HANDOUT.

PARENT SIGN-UP

YOU WILL BE REQUIRED TO WORK THE CONCESSION STAND AT LEAST ONCE DURING THE SEASON. YOU MAY CHOOSE NOT TO PARTICIPATE FOR A PRE-SCHEDULING FEE OF \$75.00. IF YOU DON'T SHOW FOR YOUR ASSIGNMENT AFTER BEING SCHEDULED, A \$100.00 FEE WILL BE BILLED.

PARENT/LEGAL GUARDIAN: _____

To register your child, please return this completed registration/consent form, and a check for \$450.00 (unless early bird rate applies) made payable to **BG BILLS YOUTH FOOTBALL & CHEERLEADING ASSOCIATION**. **Mail to:** Tom Sibó, 630 Twisted Oak Lane, Buffalo Grove IL 60089.

*****FOR BILLS FOOTBALL ADMIN USE ONLY*****

TOTAL FEE: _____ **CHECK #:** _____ **CASH:** _____ **CC #:** _____

BIRTH CERTIFICATE (new players only): _____