

## 2008 REGISTRATION

### NORTHMONT WEE BOLT FOOTBALL AND CHEERLEADING ORGANIZATION

P.O. Box 118 Englewood, Ohio 45322  
(937-836-4546)

**Registration Fees:** \$85 for 1 child / \$125 for two children / \$135 for three or more children.

**ALL FEES ARE DUE AT REGISTRATION; REGISTRATION CUTOFF DATE IS JULY 1, 2008. There will be no refunds after conditioning and cheer camp begin.**

PLAYER NAME \_\_\_\_\_ (FOOTBALL) \_\_\_\_\_ (CHEER) \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

HOME PHONE\* \_\_\_\_\_ WORK PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

*\*The Western Ohio Junior Football Conference requires a home number and NOT a cell phone number unless that number acts as your 'home' number.*

FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

CHILD'S AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE AS OF SEPT 2008\* \_\_\_\_\_

*\*Child must physically live within the boundaries of the Northmont school district and be entering the 1<sup>st</sup> through 6<sup>th</sup> grades for the 2008 school year*

SCHOOL \_\_\_\_\_ TEAM COLOR LAST YEAR \_\_\_\_\_

NUMBER OF CHILDREN REGISTERED THIS YEAR \_\_\_\_\_

T-SHIRT (FOOTBALL) SIZE:      **YS**    **YM**    **YL**    **AS**    **AM**    **AL**    **AXL**

T-SHIRT (CHEER) SIZE:      **YS**    **YM**    **YL**    **AS**    **AM**    **AL**    **AXL**  
  **[6-8]**    **[10-12]**    **[14-16]**

SOCK (CHEER) SIZE *for ALL girls:*      **Y** [8C-3 shoe size]      **A** [4-12 shoe size]

GOLDIES (CHEER) SIZE:    **YS**    **YM**    **YL**    **AS**    **AM**    **AL**  
*for ALL new girls and anyone needing a new pair*      **[6X-7]**    **[8-10]**    **[12-14]**    **[4-6]**    **[8-10]**    **[12-14]**

I hereby make application for the above named child to participate in the Northmont Wee Bolt Football program for the 2008 season. I agree to abide by the rules and decisions of the Northmont Wee Bolt Football and Cheerleading Organization. I agree to participate in **ALL FUNDRAISERS** and abide by the rules set by the board. I fully understand the risks involving personal injury, which may arise during the course of the football program, and voluntarily assume any and all such risks.

I hereby release the Northmont Wee Bolt Football and Cheerleading Organization and the officers, coaches, and directors of all fields and facilities for any and all injuries that may occur during games, practice, and traveling to and from the same.

I am responsible for the return or replacement of all equipment and/or properties of the Northmont Wee Bolt Football and Cheerleading Organization that the above child is loaned. It is to be in clean and good condition upon its return. I am responsible for the replacement cost of any item not returned by **December 1, 2008.**

Football parents are responsible for the purchase of shoulder pads, athletic supporter (with cup), cleats and mouthpiece. Cheer parents are responsible for purchasing anything needed for their child *other than* a sweatsuit, vest and skirt.

One week of conditioning is mandated by league rules for all football players prior to physical contact.

SIGNATURE \_\_\_\_\_

Parent or Guardian

DATE \_\_\_\_\_

MAKE CHECKS PAYABLE TO: **NORTHMONT WEE BOLT FOOTBALL**

MAIL TO: NORTHMONT WEE BOLT FOOTBALL & CHEERLEADING ORGANIZATION  
P.O. BOX 118, ENGLEWOOD, OH 45322

**REGISTRATION FEE AND FORM DUE BY JULY 1, 2008.**

**EMERGENCY MEDICAL AUTHORIZATION**

PURPOSE: TO ENABLE PARENTS AND GUARDIANS TO AUTHORIZE THE PROVISION FOR EMERGENCY TREATMENT FOR CHILDREN WHO BECOME ILL OR INJURED WHILE PARTICIPATING IN FOOTBALL, CHEERLEADING, DRILL TEAM, OR FLAG LINE ACTIVITIES WHEN THEY CANNOT BE REACHED.

**COMPLETE PART I OR PART II:**

**PART I. TO GRANT CONSENT**

In the event attempts to contact me at \_\_\_\_\_ or \_\_\_\_\_ have been  
Phone number Phone number  
unsuccessful, I give consent for the administration of any treatment deemed necessary by Doctor \_\_\_\_\_  
Physician name  
or Doctor \_\_\_\_\_ or, in the event the named practitioner is not available, by another licensed physician  
Dentist name  
or dentist and transfer the child to \_\_\_\_\_ or any accessible hospital.  
Hospital name

This authorization does not cover major surgery unless the medical opinions of two separate licensed physicians or dentists concur in the necessity for such surgery. List facts of his/her medical history, allergies, and medications being taken, or any physical impairment to which a doctor should be alerted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Parent or Guardian

**PART II. REFUSAL TO CONSENT (COMPLETE ONLY IF PART I. WAS NOT)**

I do not give consent for emergency medical treatment of my child. In the event of illness or injury, I wish the organization to take no action or \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Parent or Guardian