

Norwest Rams Football & Cheer Registration

Child's Name: _____ Phone: (_____) _____

Mailing Address: _____ Male: _____ Female: _____

City: _____ Zip Code: _____ Height: _____ Weight: _____

Date of Birth: _____ Years of football/cheer: _____ What organization: _____

If this is your child's first season participating with the Norwest Rams, please include a **copy** of your child's birth certificate or passport.

School (Fall _____): _____ Grade (Fall _____): **2nd 3rd 4th 5th 6th 7th 8th**

Other Sports: _____

How did you hear about our organization? _____

Parent/Guardian Information

Father/Guardian: _____ Home phone: _____

Address: _____ Work phone: _____

City: _____ Zip Code: _____ Cell phone: _____

E-mail Address: _____

Mother/Guardian: _____ Home phone: _____

Address: _____ Work phone: _____

City: _____ Zip Code: _____ Cell phone: _____

E-mail Address: _____

I/We do hereby consent to my child playing football/cheer for the Norwest Rams as a part of the Greater Puget Sound Youth Football League. The information contained herein is true and correct to the best of my knowledge.

Parent/Guardian: _____ **Date:** _____

I/We do hereby agree to be financially responsible for the cost of repair or replacement of lost or damaged equipment.

Parent/Guardian: _____ **Date:** _____

Registration Options

(Please check all that apply)

Name of Athlete _____ Grade _____

A refundable \$50.00 equipment deposit is included in the football season fee

Skills camp and Football Season 1st Child \$275 () Additional children \$255 ()
Skills camp only \$50 for each child ()
Cheer \$ _____ *Registration price for cheer is dependent on uniform cost.

Return all registration forms and payments by April 15th and take \$25 off registration fee

The Rams Organization is a volunteer-run organization that is dependent on additional fundraising and donations. All donations/sponsorships will be recognized on our website. Your donations are appreciated!

_____ I would like to make a tax-deductible donation of \$ _____ as a "Rams Fan."

Registration Total from above	_____
Tax-deductible donation	+ _____
Early registration discount on registration fees only	- _____
Total	= _____

Payment Options (checks made payable to Norwest)

Mail to: Norwest Tacoma Youth Football Club, 2661 North Pearl Street #220, Tacoma, WA 98407-2552

Cash \$ _____ Check \$ _____ Check # _____

Credit Card # _____ - _____ - _____ - _____ Exp. Date _____

Authorized Card Signature _____

Treasurer Section

Payment Received \$ _____ Cash () Check # () CC ()

Scholarship Award \$ _____ Partial Payment \$ _____

CC Authorization # _____ Receipt # _____

NORWEST Rams Medical Release

Liability Release

I, _____, am the parent/legal guardian of _____.
I completely release and agree to hold the Norwest Rams, its coaches, officers and volunteers in connection with the full tackle football and cheer season harmless from and against any and all liability for an injury or damage which may be suffered by the participant arising out of or in any way connected.

Furthermore, I understand that photographs and/or video taken during Norwest events may be used by the Norwest Rams for promoting our programs, events, in print, or on our website.

Emergency Medical Release

I, _____, am the parent/legal guardian of _____.
I hereby grant permission to the Norwest Rams Tacoma Youth Football and Cheer Club to seek emergency medical treatment in case of any injury sustained while participating with the Norwest Rams Organization.

Parent/Legal Guardian Signature

Date

Contact Phone Number

Concussion Information and Consent

Any athlete even suspected of suffering a concussion or a blow to the head will be removed from practice or a game immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without submitting written medical clearance from a physician to their Coach.

<http://www.cdc.gov/ConcussionInYouthSports/pdf/parents> Eng/pdf

My child and I have read and understand the Concussion Information

Parent/Legal Guardian Signature

Date

Hospital Preference _____

Doctors Name/Office _____ Phone: _____

Medical Insurance Company _____ ID Number: _____

Alternate Emergency Contact _____ Phone: _____

Player Medical Information:

Allergies _____

Is this athlete Asthmatic? _____ Severity of Asthma _____

Comments or Concerns? _____