



# Hudson Youth Football and Cheerleading

## Registration Form 2011 Season

Registration Fee: \$150.00 + \$5.00 Processing Fee

After April 10, 2011 Registration Fee will be: \$175.00 + \$5.00 Processing Fee

**Absolutely NO REFUNDS AFTER JUNE 1, 2011**

Please Print Name As It Appears On Your Child's Birth Certificate

First Name		MI	Last Name	
Street Address:			Town:	Zip:
Today's Date	Current Age:	Male	Female	
Current Grade:		Fall 2011 Grade:		
School Attending In Fall 2011:				
Date of Birth:		Home Phone Number:		
Father's Name:		Mother's Name:		
Cell Phone:		Cell Phone:		
Email Address:		Email Address:		

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

(Allergies, Medications, Etc.) \_\_\_\_\_

Insurance Plan (if applicable) \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

I do hereby grant permission to my child to participate in Hudson Youth Football/Cheerleading. I also agree not to hold said organization, benefactors of this league, directors or any other patrons liable for any injuries received by my son or daughter in said program. I also grant permission for my child to receive emergency treatment whenever necessary while attending a function with any team of the Central Mass Youth Football Conference, Inc.

I hereby authorize that \_\_\_\_\_ be treated by a physician for any medical emergency.

Date: \_\_\_\_\_ Mr./Mrs./Ms. \_\_\_\_\_

(signed by parent or legal guardian)

**Team and Individual Highlight Photos may be posted on the Website. If you do not want your child's action photos posted please indicate here \_\_\_\_\_**

### League Use Only:

TEAM ASSIGNMENT (by grade)(subject to change) <b>Football</b>	2/3	4	5	6	7
TEAM ASSIGNMENT (subject to change) <b>Cheerleading</b>	MM	DIV10	DIV12	DIV13	DIV15

Date Received: \_\_\_\_\_ Receiver's Initials: \_\_\_\_\_ Amount received: \_\_\_\_\_

Check Number: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Cash (X): \_\_\_\_\_

**Parental Involvement (Required)**

Hudson Youth Football & Cheerleading (HYFC) is funded entirely by registration fees & community donations. We are staffed exclusively by unpaid volunteers, and depend on volunteers to keep our program running.

Every family with children participating in HYFC is required to volunteer a minimum of four (4) hours during the season or may choose to pay a \$100 volunteer waiver fee.

All volunteers will be signed up for one of the following (please indicate your preference below):

**Volunteer Opportunities:**

- Concession Stand (Home Games)(1 Hour Shift) \_\_\_\_\_
- Field Set-Up (Home Games) \_\_\_\_\_
- Game Day Play Monitor (Home & Away Games) \_\_\_\_\_
- 50/50 Raffle (Home Games) \_\_\_\_\_
- Team Pictures \_\_\_\_\_
- Banquet \_\_\_\_\_
- Pumpkin Fest \_\_\_\_\_
- Please Waive My Involvement, I Will Enclose An Additional \$100 \_\_\_\_\_

**Optional Volunteer Opportunities:**

- Coaching (Training Provided) \_\_\_\_\_

**Fee Schedule & Options:**

	<u>Fee</u>	<u>Qty.</u>	<u>Total</u>
Football Program Registration*	\$155.00	_____	_____
Cheerleading Program Registration*	\$155.00	_____	_____
Volunteer Waiver (Optional)	\$100.00	_____	_____
Total (Checks Payable to Hudson Youth Football & Cheerleading):			

\* = All HYFC Participants are Required to Sell Five (5) \$10 Calendars to Assist with the League's Fundraising Efforts

**HYFC Has a Maximum Early Family Registration Fee of \$325.00 for the 2011 Season**  
**Maximum Family Registration Fee will Increase to \$350.00 After April 10, 2011**

**Refund Policy:**

There will be no refunds of registration fees after June 1, except for medical reasons, lack of a team at the participant's level, or inability to meet age guidelines for a fielded team.

You must fill out a refund request form for consideration.

Date: \_\_\_\_\_ Mr. /Mrs. /Ms. \_\_\_\_\_  
(Signed by parent or legal guardian)

If mailing this form please send to:

Hudson Youth Football & Cheerleading  
P.O. Box 643  
Hudson, MA 01749  
[www.hudsonyouthfootball.com](http://www.hudsonyouthfootball.com)