



HUDSON YOUTH FOOTBALL AND CHEERLEADING

Spring Flag Football and Cheering

Registration for 2015 spring season

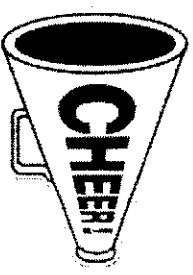
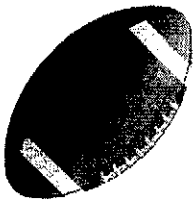
WALK-IN REGISTRATIONS

Saturday, February 14, 2015

8:00 am – 12:00 pm

Hudson ELKS (99 Park Street, Hudson)

- Hudson Youth Flag Football (**Spring Passing League**) is open to boys and girls grades K-8;
- Hudson Youth Cheering for the spring flag football season is open to grades 2-8;
- You may download the registration form at www.hudsonyouthfootball.com
If you are unable to attend the registration, you may mail the form to the address below.
- For more information on player and practice requirements, please attend the registration or visit our website.
- The cost is \$40.00 per child for both the spring flag football program and spring cheering program.
 - Games for the flag football season will run from Sunday, April 26 through Sunday, June 21, **SUNDAYS ONLY!**
 - Practice/games for flag football will be within a 1 1/2 time frame on Sundays at Sauta Field in Hudson.
 - The spring cheering program will have one (1) practice per week in addition to the Sunday games within a 1 1/2 time frame.
 - This flag football program is a **NON CONTACT** football program geared toward teaching fundamentals of the game and is open to any child whether you play football or not.
- Questions please email HYFC President, Chris Yates, at chrisyates5472@yahoo.com



Hudson Youth Football and Cheerleading Association, Inc.
PO Box 643, Hudson, MA 01749
2015 registration form for spring flag football and spring cheer

Please indicate which sport child will participate in: Spring flag football Spring cheer

Please Note: Must use name as indicated on their birth certificate.

Last Name: _____ First Name: _____ MI: _____

Address: _____ Town: _____ Zip: _____

Home Phone: (____) _____ E-Mail: _____

Date of Birth: ____/____/____ Grade: _____ Female Male

Parent/Guardian: _____ Work or Cell Phone: (____) _____

Parent/Guardian: _____ Work or Cell Phone: (____) _____

Health Ins. Provider: _____ Policy #: _____ Physician's Phone: (____) _____

Known Allergies/Medical Conditions: _____

PARENT/GUARDIAN RELEASE INFORMATION

1. I/We, the parent/guardian of the above named candidate for a position on Hudson Youth Flag Football and Cheer teams, hereby give approval for him/her to participate in any and all football and cheer activities.
2. I/We, are aware that participation in football and cheer may result in serious injuries, and protective equipment does not protect against all injuries to participants and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the American Youth Football, the Hudson Youth Football & Cheerleading Association, Inc. and their Board of Directors, the organizers, sponsors, coaches, participants and persons transporting my/our child whether the result of negligence or any other cause. I/We grant permission for my child to receive emergency treatment whenever necessary while participating in Hudson Youth Football and Cheer activities. I/We understand that in an emergency, whenever possible, an attempt will be made to notify his/her legal guardian.
3. I/We accept full responsibility for any equipment that my/our child is allowed to use, and will pay to replace any and all equipment lost or destroyed except through normal wear and tear. I/We will not alter the equipment in any way as to render the manufacturer's warranties null and void. I/We will return the equipment washed and cleaned promptly at the end of the season as requested by the team.
4. I/We agree to allow the Hudson Youth Football & Cheerleading Association, Inc. to release photographs of my child for publicity in newspapers and on our web site. Individual children will not be identified in photos.

Signature of Parent/Guardian: _____ Date: _____

Registration Fee: \$40.00. Please make checks payable to HYFC and mail to address at top of page.
Parents/guardians must fill out one registration form for each participant.
There will be no refunds given after April 1, 2015.

Coaching: If you are interested in coaching a team, Head Coach or Asst. Coach, please complete the following:

Name: _____ Contact #: _____

Organization use only: Date Rec'd ____/____/____ Amt Rec'd \$ _____ Check # _____ Cash