

Robbinsville PAL Junior Ravens Football

2010 Player Registration and Liability Waiver

www.robbinsvillepalfootball.com

juniorravens@taylorapp.com



PLAYER INFORMATION (One form per player)

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Email Address _____

Birth date _____ Grade (as of Sept. 2010) _____ School _____ Weight _____ Height _____

Jersey size (circle one) Youth S/M Youth L/XL Adult S/M Pant Size (circle one) Youth S/M Youth L/XL Adult S/M

Years of organized tackle football experience _____ For what organization? _____

Known allergies or other medical conditions _____

CONTACT INFORMATION

Father's Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact #1 Name _____ Home Phone _____ Cell Phone _____

Emergency Contact #2 Name _____ Home Phone _____ Cell Phone _____

AGE/WEIGHT SCHEMATIC

AGE*	DIVISION/WEIGHT LIMIT	TYPICAL WEIGHT
5 or 6	Flag	N/A
7 or 8	75 lb	50-75 lbs
9 or 10	90 lb	70-90 lbs
11 or 12	105 lb	80-105 lbs
13 or 14	125 lb	90-125 lbs
13 or 14	Junior High (Unlimited Weight)	Over 115 lbs

* On or before 9/1/2010

REGISTRATION FEES (Checks payable to Robbinsville PAL Football)

- _____ Flag Football \$175.00
- _____ Returning Player \$225.00
(7-piece pad set not provided)
- _____ New Player \$275.00
(All equipment provided by the league)

Sibling Discount: Pay full fee for first child. Deduct \$50 off each additional sibling's registration fee.

NO REFUNDS WILL BE DISTRIBUTED AFTER JUNE 1, 2010

VOLUNTEERING (Please select at least one of the volunteer opportunities below)

- Registration Equipment Distribution Fundraising Field Maintenance Team Parent Game Day Crew Concessions

I, the undersigned, by signing below certify that all information provided on this registration form is accurate and complete. In the event that I cannot be reached in an emergency, accident or injury, which occurs while above named minor is participating in any activity of Robbinsville PAL Jr. Ravens program, I hereby give permission for the representatives of Robbinsville PAL to secure whatever medical or hospital care necessary, and I agree to be financially responsible for such care. I hold Robbinsville PAL and the coaches, officers and representatives of the organization harmless and indemnify them against any liability, loss or injury incurred while participating in the activities associated with the program. I agree to abide by the rules and regulations of the Robbinsville PAL Jr. Ravens program. I understand that all uniforms and equipment are the property of Robbinsville PAL and must be returned at the conclusion of the season. I agree to be financially responsible for the loss or careless destruction of any uniform or equipment supplied to my child for participation in this program.

Signature (Parent or Legal Guardian)

Date

Robbinsville PAL Football, P.O. Box 314, Windsor, NJ 08561

PAL USE ONLY Fees Paid Date _____ Amount Paid _____ Check # or Cash _____ BC Y N