

## **2021 REGISTRATION FORM**



As parent/guardian of the child named below, I hereby agree to have my child join the Aliquippa Little Quips Youth Football Organization and participate fully in the athletic program. We shall abide by the rules, regulations and satisfy volunteer hours to assist the organization.

Please print clearly as this information may be used for roster, programs and personalized items throughout the season.

Name of Child:						
Name of Child:Last Name		First Name				
Primary Mailing Address:						
	Street Address					
	City	State		Zip		
Home Phone:		Cell Phone: _				
School District:		-				
Email Address:						
Child's Birth Date:	Age as of	1/01/2021:	Grade in Fall 2021:			
	(WIEGHT LIMITS)		Skilled	Lineman		
() MITEY MITE 10-11	(No child can be 13 before 12-31-21)		WT 130lbs.	WT UNLIMITED		
	You cannot be in 7 <sup>th</sup> grade					
() TERMITE 8-9	(No child can be 11 before 12-31-21)		WT 105lbs.	WT UNLIMITED		
	You cannot be in 5 <sup>th</sup> grade					
( ) Twerp 5-6-7	(No child can be 9 before	12-31-21)	WT 85lbs.	WT UNLIMITED		
	You cannot be in 3 <sup>RD</sup> grade					

#### ORIGINAL BIRTH CERTIFICATE, PICTURE AND CURRENT REPORT CARD REQUIRED FOR PROOF OF AGE BY NATIONAL SPORTS ID

\*\* Football players must provide ORIGINAL BIRTH CERTIFICATE, PICTURE AND CURRENT REPORT CARD REQUIRED FOR PROOF OF AGE. \*\* To play football children must be at least 5 years of age by 08/1/2021 and not older than 12 years of age on 12/31/2021 to participate.

#### Name of Parents or Guardians:

Name	Relationship	Phone Number
Name	Relationship	Phone Number



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c	child's Weight:	Child's Height:		
Emergency Contact Information	on:			
Name:	Re	elationship:		
Home Phone:	Ce	ell Phone:		
Name:	Re	elationship:		
Home Phone:	Ce	ell Phone:		
audios or videos made of my child	or family members duri	t further consideration or compensation ng ALQYFO sporting events, for the LQYFO and its volunteers from any li	purposes of	fevent documentation,

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Participation:** *I/we understand that no parent, guardian or relative of the child registered above is permitted on the practice or game field during the course of the games or practices without proper security clearances and approval from Aliquippa Little Quips Youth Football Organization and Beaver County Youth Football League.* 

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Equipment Return:** We guarantee the return of all equipment loaned to our child and accept responsibility for the loss or damage of said equipment. *Criminal charges will be filed for failure to return equipment.* 

Initials: \_\_\_\_\_ Date: \_\_\_\_\_



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#### Refundable Volunteering Fee:

To assist in the organization's success, ALQYFO requires family participation, including game day help (concessions stand, clean-up, football sticks etc.). A **\$20 volunteer fee PER FAMILY** is required prior to the start of the season. If you do not meet your volunteer requirement of 2 sign-up spots, your Volunteer Fee *WILL NOT* be returned. Note: **ALL REFUNDS WILL BE BY CHECK.** 

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Fees and Other Required Forms:

\*\*The league has required all football participants to sign up through National Sports ID, instead of getting yearly picture cards. The fee is \$10 per participant and has been added to the cost of this registration!

The registration cost for the 2021 season is **\$85.00 for football and \$75.00 for each additional sibling**. **Note: That all registration fees are** <u>non-refundable once practice starts</u>.

#### **IMPORTANT NOTES:**

\*A MINUIMUM OF 50% DEPOSIT OF THE TOTAL COST IS DUE WITH REGISTRATION.

\*PAYMENTS MAY BE MADE AT ANYTIME TOWARDS YOUR TOTAL BALANCE.

## \*All FEES MUST BE PAID BY SATURDAY JULY 27, 2021.

(Registration, Fundraiser)

Your child <u>WILL NOT</u> receive their FOOTBALL EQUIPMENT if not <u>PAID IN FULL</u>. NO EXCEPTIONS!

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Registration	Cost +\$10 National Sports ID Per		3-Month Calendar Ticket =150.00		Bingo Fundraiser (5 tickets per child =150.00)	TOTAL DUE
Football	\$95.00	+	\$150.00	+	\$150.00	\$395.00
1 Siblings	\$180.00	+	\$300.00	+	\$300.00	\$780.00
2 Siblings	\$265.00	+	\$390.00	+	\$390.00	\$1025.00
Late Registration	115.00	+	\$150.00	+	\$150.00	\$415.00

\*\*Please note that 3 or more players will be charged at a discounted rate of \$95 per player and sell 3 Monthly and 3 Bingo Tickets per player\*\*





### A SIGNED RELEASE OF LIABILITY MUST ACCOMPANY YOUR REGISTRATION.

In consideration of my/our child being allowed to participate in any way for the Aliquippa Little Quips Youth Football Program, its related events and activities, the undersigned, acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential risk for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and
- 2) I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I
  observe an unusual and significant hazard during my presence or participation, I will bring such to the attention of
  the nearest official immediately; and
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, herby release, indemnify, and hold harmless Aliquippa Little Quips Youth Football Organization, its officers, officials, agents and/or volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.
- 5) If a child leaves a practice or game for any medical reason, he or she cannot return without medical clearance from a physician.
- 6) At any time, a coach can require medical clearance to be able to participate or play at his/her own discretion.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature	Date		
Please make all checks payable to Ali	o Aliquippa Little Quips Youth Football Organization.		
For organizational use only:			
Registration paid in full on date:	Fundraiser fee paid on date:		
Cash/Credit Card/Cash App	Registration received by:		

PO Box 12 Aliquippa, PA 15001 • WWW.ALQYFO.COM • ALQYFO@gmail.com

**Cash App \$lilquips** 





# **Child's Clothing Size(s):**

(Used for uniform handouts and Banquet gifts)

Hoodie Size □ Youth ~or~ □ Adult						
	□ XS □ Sn	nall 🗆 Medium	□ Large □XL	□XXL		
Sweat Pa	nt Size ⊡	∃ Youth ~o	r∼ 🗆 Adu	lt		
□ XS	□ Small	□ Medium	□ Large	□XL	□XXL	
Tee Shirt	Size 🗆	Youth ~or~	- 🗆 Adult			
□ XS	□ Small	□ Medium	□ Large	□XL	□XXL	
Shirt Size						
□ XS	□ Small	□ Medium	□ Large	□XL	□XXL	
Game Pant Size  Vouth ~or~  Adult						
□ XS	□ Small	□ Medium	□ Large	□XL		