



Zion Benton Youth Football, Inc.

PO BOX 288 – ZION, IL 60099
www.jrzeebees.com



Jr. Zee Bee Fall Football & Cheerleading

Registration Agreement

I am registering my child for – Football Cheerleading

Child's Name _____ Date of Birth ____/____/____
Address _____ Weight _____ Age _____
City/State/Zip _____ Grade _____
Home Phone () _____ Cell Phone () _____
Email _____

Have you Cheered before? Yes No If so, when and where? _____

Have you played tackle football before? Yes No If so, when and where? _____

Parent/Guardian _____ Phone () _____

Address _____ City/State/Zip _____

Does the above child have medical coverage? Yes No If yes, please provide the following information:

Name of provider: _____

Policy number: _____ Phone of provider: _____

WAIVER AND RELEASE OF ANY AND ALL CLAIMS AND RESPONSIBILITY

Please read this form carefully and be aware in registering your child/ward participation in the above named program. You will be waiving and releasing all claims and responsibility for all injuries your minor child/ward may sustain arising out of the program.

I recognize and acknowledge that there are certain risks of physical injury to participate in the above named program and I agree to assume that full risk of injuries, including death, damages or loss regardless of severity which my child/ward may sustain as a result of participating in any of the activities connected with or associated with such program.

I agree to waive and relinquish all claims my minor child/ward may have as result of participating in the program against the Zion Benton Youth Football, Inc. and its officers, coaches and volunteers.

I do hereby fully release and discharge the Zion Benton Youth Football, Inc. officers, coaches and volunteers from any and all claims for injuries (including death), damage or loss which my minor child/ward may have or which may accrue to my minor child/ward and arising out of connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the Zion Benton Youth Football, Inc and its officers, coaches and volunteers, to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I further agree that I will assume responsibility for any loss of such equipment assigned to the above named and agree that:

- a. In the event of any loss of such equipment, the undersigned will reimburse the organization for any costs to replace same.
- b. Said equipment will be returned to the organization at the time designated by it, properly cleaned and in the same condition as when delivered to the above named child (reasonable wear and tear expected), and in the event that such equipment is not so returned, the above named parent/guardian agrees to pay and that any child/ward belonging to that parent/guardian will be ineligible to enroll in the program in the future until said equipment is returned or reimbursed.

I further agree to allow my child's picture and/or name to be displayed on the ZBYFL website.

Signature of Parent/Guardian

Date

FOR OFFICIAL USE ONLY				
Payment and Due Dates	Amount	Initials	Check #	Date
Payment #1 - \$100.00				
Payment #2 - \$50.00 - April 1 st				
Payment #3 \$50.00 - May 1 st				
Payment #4 - \$25.00 - June 1 st				
Payment #5 - \$25.00 - July 1 st				
A minimum of \$100.00 due at Registrations In March		A minimum of \$150.00 due at Registrations after March		

Required Documents

Medical Forms Yes No

Birth Certificate Yes No

No equipment can be issued until participant is **PAID IN FULL**

Payments can be mailed to:

ZION BENTON YOUTH FOOTBALL, INC. – PO BOX 288 – ZION, IL 60099