



2018 Tackle Football League

Register at Kiwanis Community House -4603 Lions Park Dr

For any specific questions please call 638-4363

Registration Fees before June 28, 2018 - \$140.00

Registration Fees after June 28, 2018 - \$190.00 (if available)

Participant Name: _____ Date of Birth: _____ Grade as of fall 2018 _____

Primary Guardian: _____

Primary Phone Number: _____ E-mail: _____ Cell Phone Provider: _____

Secondary Guardian: _____

Secondary Phone Number: _____ E-mail: _____ Cell Phone Provider: _____

Address: _____ City: _____ State: _____ Zip: _____

**Team Selection: Player will be placed on teams based on Grade School report card and which Triad they attend.
Please check which Grade School the player currently attends (Attachment of report card is required for registration).**

Central Triad: Davis _____ Hobbs _____ Jessup _____ Prairie Wind _____ Deming _____ Freedom _____ Gilchrist _____
Miller _____ Pioneer Park _____ Clawson _____ Willadsen _____ Anderson _____ (Live in the Pointe)

East Triad: Alta Vista _____ Buffalo Ridge _____ Henderson _____ Baggs _____ Dildine _____ Saddle Ridge _____
Anderson _____ Meadowlark _____

South Triad: Afflerbach _____ Arp _____ Cole _____ Goins _____ Hebard _____ Rossman _____ Bain _____
Fairview _____ Lebhart _____ Sunrise _____

____ New Player - Experience: _____

____ Returning Player - Last year child played Grade: _____ Team Name: _____

Coaches Name: _____

____ Want to play on the same team ____ Do not want to play on the same team ____ No Preference

REQUESTS ARE NOT GUARANTEED! Requests to be placed on teams not in triad will not be accepted

Special Requests: _____

Division Selection:

I would like my child to play in grade 3rd/4th _____ 5th/6th _____

Coaching Information:

The Tackle Football League is enhanced by the efforts of Volunteer Coaches, Assistant Coaches, and Team Assistants.
If you are interested in helping coach, please fill out a coaching application.

Tackle Football League Assumption Risk Waiver and Release

I, the undersigned guardian, agree that there are inherent risks of injury from my child's participation in the Cheyenne Recreation Division Tackle Football League. Those risks include, by way of example and not limited to: cuts, scrapes, bruises, sprains, strains, pulled muscles, and/or broken bones. I recognize that any activity involving motion and contact creates the possibility of serious injury, including permanent paralysis and even death. I agree to make my child aware of the risks of injury and to instruct my child to follow the safety rules and the coach's instructions at all times.

I understand that members of the Cheyenne Recreation staff, game officials, or the volunteer coaches might be required to give first aid to my child in the event of an injury or illness. I consent to the administration of first aid procedures on my child by the Cheyenne Recreation staff, game officials, or volunteer coaches, and the calling of an ambulance to transport my child to the hospital if an injury requires more than basic first aid.

Therefore, in consideration of my child's participation in the Cheyenne Recreation Tackle Football League, I fully assume all risks associated with my child's participation in the Tackle Football League. I waive, release and discharge for myself, my child, my family members, heirs, administrators, personal representatives, successors and assigns, any rights and claims which my child or I have or which may accrue against the City of Cheyenne, its offices, employees and volunteers for any and all waiver and release applies to any negligence on the part of the City, its officers, employees and volunteers. I understand that I am relinquishing legal rights. Further, I agree to defend, indemnify and hold harmless, including paying attorney's fees, costs and expenses, the City of Cheyenne from any and all liabilities which may result from my child's participation in the Cheyenne Recreation Division Tackle Football League, and I agree not to initiate any legal proceedings against the City of Cheyenne, its officers, employees, and volunteers.

I certify that I have read and understood this document and sign it knowingly, willingly and voluntarily and that I am authorized to sign this document on behalf of my child.

Refund Policy

1. Upon request, full refunds will be given from the time of registration to the end of registration.
2. Upon Request, after teams have been formed but before the start of the practice season, refunds will be given minus administrative fees of \$25
3. After the start of the practice, requests for refunds must be due to a verifiable medical reason (we will request a doctor's note). Requested refunds will be given, minus administrative fees of \$50. Non-medical requests for refunds after the start of the practice season will not be approved.

I have read the above statements and acknowledge them as stated.

Participant's Name: _____

Guardian's Name: _____

Guardian's Signature: _____

Date: _____

Amt Pd: _____	Receipt # _____
Date Pd: _____	By: _____