



To All 2010 Prowler Families:

I'd like to take this opportunity to thank you for your interest in the Plainfield Prowlers Youth Tackle Football and Cheer program. To our returning families, thank you for your continued support and dedication to this fine organization. We're glad your back! To our new families, thank you for allowing us the chance to make an impact in your child's life. We're glad you're with us!

I am excited about this upcoming season! The new board and I are anticipating changes and continued growth for the Plainfield Prowlers organization. As we move into this fifth season, we look to build upon the foundation established by our predecessors. We will teach, coach and develop your child's skills while they build friendships and strengthen their love of the sport.

As the President, I am asking that we all work together to make this year another successful one. We need participants to be engaged. We need parents and families to volunteer and help make things happen. We need TEAMWORK!

I look forward to a great 2010 season! Go Prowlers!

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Hall". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Brian Hall
Executive President



:: PARTICIPANT REGISTRATION ::

Participant Information

Participant #1:

Name: _____ Football / Cheer
(last name, first name) (circle one)

Birth date: ____/____/____ Weight (for football players only): _____

Participant #2

Name: _____ Football / Cheer
(last name, first name) (circle one)

Birth date: ____/____/____ Weight (for football players only): _____

Participant #3

Name: _____ Football / Cheer
(last name, first name) (circle one)

Birth date: ____/____/____ Weight (for football players only): _____

Parent/Guardian Information

Name(s): _____

Address: _____ City: _____

Zip Code: _____ Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Email Address: _____

Payment

Payment options:

Assuming 1 participant, your options are:

- A) pay \$350 + \$50 family activity fee
- B) pay \$250 + \$50 family activity fee + sell 8 tickets

Assuming 2 participants, your options are:

- A) pay \$675 + \$50 family activity fee
- B) pay \$575 + \$50 family activity fee + sell 8 tickets
- C) pay \$475 + \$50 family activity fee + sell 12 tickets

Assuming 3 participants, your options are:

- A) pay \$900 + \$50 family activity fee
- B) pay \$800 + \$50 family activity fee + sell 8 tickets
- C) pay \$700 + \$50 family activity fee + sell 12 tickets

Assuming 4 participants, your options are:

- A) pay \$1125 + \$50 family activity fee
- B) pay \$1025 + \$50 family activity fee + sell 8 tickets
- C) pay \$925 + \$50 family activity fee + sell 12 tickets
- D) pay \$825 + \$50 family activity fee + sell 16 tickets

Please list your selected payment option (example: 4D would be option D with 4 participants): _____

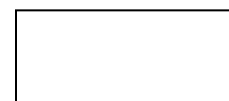
Amount paid \$ _____ Today's date: ____/____/____ Check number: _____

Checks payable to Plainfield Prowlers

Refunds: You may receive 100% of a fundraiser buyout at any time. Registration fees may be refunded according to the following schedule: 100% through 31 March; 75% through 30 April; 50% through 31 May; 25% through 30 June; no registration fee refunds after 30 June

Parent Initials: _____

For official use only:



Plainfield Prowlers Athletic Association



Acknowledgement of Activity Fee Reimbursement Policy

Participant(s): _____
(print)

Parent/Guardian Name: _____
(print)

The Prowlers charge families a one-time \$50 activity fee to promote volunteerism within our program. We recognize that our football and cheer programs would struggle to exist if it weren't for the collective help of all participants. The charged activity fee is refunded to the family, at the end of the year, for completion of 2 ½ hours of approved volunteer activity. For example:

If you work the chain gang for your son's game – you earn one (1) hour towards the 2 ½ hour requirement.

You can then work 1 ½ hours at concessions (does not need to be the same day) to fulfill your entire commitment.

The entire 2 ½ hours does not have to be completed during one game and only needs to be finished before the end of the season. There may be other volunteer activities posted on our website from time to time and we will explicitly list how much credit is earned for that particular activity.

You must have all your equipment turned in before your refund is issued. We will hold your \$50 activity fee until everything is returned to the Prowlers.

The Prowlers will keep the \$50 activity fee if you do not complete your full commitment of 2 ½ hours of volunteer time before the end of the football season.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE
ACTIVITY FEE POLICY ABOVE**

(Parent/Guardian Signature)

Date



AMERICAN YOUTH FOOTBALL



Image Release - MINOR

ASSOCIATION NAME - Plainfield Prowlers Athletic Association

READ BEFORE SIGNING

In consideration of (insert child's name) _____, my minor child/ward being allowed to participate in any way, in the American Youth Football, Inc. ("AYF") (dba American Youth Football and American Youth Cheer,) national championships and any other official AYF events and activities, the undersigned agrees that American Youth Football Inc., is hereby granted the unrestricted and exclusive right and permission, free from approval or review, to copyright and/or use my child's/ward's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use.

AMERICAN YOUTH FOOTBALL

Print Name of Parent/Guardian:

Parent/Guardian Signature:

Date Signed:

POWERED BY:





AMERICAN YOUTH FOOTBALL

Waiver and Release of Liability - Minor

ASSOCIATION NAME - Plainfield Prowlers Athletic Association



READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in any way in American Youth Football, Inc.(AYF) or American Youth Cheer dba, Regional/National Championships, Plainfield Prowlers Athletic Association my Local AYF Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for child/ward, participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my, child/ward, from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS American Youth Football, Inc.(AYF), American Youth Cheer dba, my Local AYF Affiliation, their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
- 5) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

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

Print Name of Parent/Guardian:

Parent/Guardian Signature:

Date Signed:

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Print Participant's Name:

Participant's Signature:

Date Signed:

NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.

Emergency Medical Treatment, Consent and Information

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participants coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

ATHLETE INFORMATION				
Athlete's Name:		Nick Name:		Phone: ()
Address:		City:		State: Zip:
PARENT OR GUARDIAN INFORMATION				
Father's Name:				
Address:		City:		State: Zip:
Hm Phone: ()	Daytime Phone: ()	Email:		
Employer:				
Mother's Name:				
Address:		City:		State: Zip:
Hm Phone: ()	Daytime Phone: ()	Email:		
Employer:				
Guardian's Name:				
Address:		City:		State: Zip:
Hm Phone: ()	Daytime Phone: ()	Email:		
Employer:				
FAMILY MEDICAL INSURANCE				
Carrier:		Group:		
Policy #:		Group #:		
Policy Holder Name:				
Family Physician's Name:				
Dr's Address:		City:		State: Zip:
Phone: ()	Fax: ()	Email:		
EMERGENCY MEDICAL INFORMATION				
Preferred Hospital(s):				
EMERGENCY CONTACT:		Phone: ()		Relationship:
Please list any medical conditions (allergies, asthma, etc.) And medications being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel: (please note if no information is given and the words "none" or "n/a" is not filled in then, "none" will be assumed.				
Allergies:				
Medical Conditions:				
Other:				

*I Hereby my signature grant permission for my child/ward to participate in any and all, _____ (Association name) and, American Youth Football, Inc / American Youth Cheer dba, program(s) sanctioned event(s), be they official or un official, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

*Print Parent/Legal Guardian Name

*Signature Parent/Legal Guardian

*Date

The original Emergency Medical Treatment, Consent and Information form should travel with the coach and a copy should be kept at the administrative office of the sports organization. Due to privacy concerns, completed forms should be stored in a secure location with access restricted to those on a need to know basis for the purpose of medical care.



AMERICAN YOUTH FOOTBALL

Medical Clearance Form



ASSOCIATION NAME - Plainfield Prowlers Athletic Association

Medical Clearance Form - Must be dated after January 1st of the Current Season

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs Name:) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> ➤ Signature: _____ </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> ➤ Date: _____ / _____ / _____ </div> <p style="font-size: 0.8em; margin-left: 20px;">(Must be dated after January 1st, of the Current Season)</p>	<p style="text-align: center; font-weight: bold; font-size: 0.9em;">Please Print - or - Use Office Stamp Here:</p> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;"> Print Name Clearly: </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;"> Office Address: </div>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationery and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation."

POWERED BY:

This statement must be supplied by the physician attending to the injury, accident, or illness.

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.

NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.



AMERICAN YOUTH FOOTBALL

Participation, Tracking and ID Card - National Division



ASSOCIATION NAME - Plainfield Prowlers Athletic Association

ASSOCIATION

Plainfield Prowlers Athletic Association <hr/> ASSOCIATION NAME <hr/> DIVISION OF PLAY - TEAM NAME <hr/> PARTICIPANT NAME <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">JERSEY #</td> <td style="width: 33%; border: none;">AGE (7/31)</td> <td style="width: 33%; border: none;">O/L WEIGHT</td> </tr> </table> <hr/> PARTICIPANT PARENT/GUARDIAN NAME <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">HOME PHONE</td> <td style="width: 33%; border: none;">WORK PHONE</td> <td style="width: 33%; border: none;">CELL PHONE</td> </tr> </table>	JERSEY #	AGE (7/31)	O/L WEIGHT	HOME PHONE	WORK PHONE	CELL PHONE	PLACE PHOTO / DMV / MILITARY ID CARD HERE
JERSEY #	AGE (7/31)	O/L WEIGHT					
HOME PHONE	WORK PHONE	CELL PHONE					

I, Hereby, With My Signature, Do Certify That The Information Below Has Been Collected And Verified By The Means, As A Minimum, As Instructed In The AYF National Rulebook And/Or Operations Manuel, Current Version.

CONFERENCE VERIFICATION SIGNATURE/STAMP
OFFICIAL PLAYER CERTIFICATION
ASSOCIATION VERIFICATION SIGNATURE/STAMP

LEAGUE USE ONLY

DATE OF BIRTH:	Age As of Age Cut off Date	CERTIFICATION WEIGHT	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERGENCY MEDICAL / CONSENT	SCHOLASTICS
Month / Day / Year	Older/Lighter:						

REGULAR SEASON

	GAME DATE	WEIGH MASTER	CODE		GAME DATE	WEIGH MASTER	CODE
JAMBOREE				Week 11			
Week 1				Week 12			
Week 2				Week 13			
Week 3				Week 14			
Week 4				Week 15			
Week 5				Week 16			
Week 6				Week 17			
Week 7				Week 18			
Week 8				Week 19			
Week 9				Week 20			
Week 10				Week 21			

POST SEASON

INSTRUCTIONS: Weigh Master Will Enter Date, Verify The Identity, Weight, Of Each Participant, Initial Each Participant Card,
 CODE: OK = Everything Verified, ENTER WEIGHT = Over Weight, I = Sick/Injured, A = Absent / Dropped
ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT - IF OVERWEIGHT ENTER THE WEIGHT UNDER "CODE"

Participation Contract, Tracking and ID Card - Page 2

Last Name	First Name	Initial	Preferred (nick) Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Street Address	City / Town	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date Of Birth (M/D/YR)	Age as of 7/31	Weight	Parent/Guardian First Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Parent/Guardian Last Name	Grade in Fall	School in Fall	School Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Email Address	Medical Insurance (circle one)	Name Of Insurance Carrier	Policy #
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> YES / <input type="checkbox"/> NO	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Football: <input type="checkbox"/>	Cheer: <input type="checkbox"/>	--CHECK ONE --	Registration Fee: \$ <input style="width: 95%;" type="text"/>
			Check# Cash: <input style="width: 95%;" type="text"/>

GRAY AREAS FOR OFFICIAL USE ONLY !!

Association: _____	Division: _____	Team: _____
Jersey Number Assigned: _____	Equipment / Uniform Issued <input type="checkbox"/> Returned <input type="checkbox"/>	

PERMISSION TO PARTICIPATE

I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading, dance and/or step may result in SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries. I, the parent/guardian of the above-named participant, do hereby give my approval for my child/ward to participate, and further assert that I have verified with my child/wards' physician, and in my opinion, my child/ward is physically fit and can participate without limitation in any and all Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver.

SCHOLASTIC FITNESS

I am of the opinion that my son/daughter/ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my son/daughter/ward's last completed grade, end of year/last complete report card or a written statement of scholastic fitness from the school administration.

Initial: _____

HELMET WAIVER (for football participants)

We acknowledge, AND WE understand the risks involved in my CHILD/WARD, my playing FOOTBALL, which is a collision sport; the NOCSAE committee has adopted the following warning to be read by, and signed by, both the parent/guardian and participant. "DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT, THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR, NO HELMET CAN PREVENT ALL SUCH INJURIES."

Initial: _____

EQUIPMENT UNIFORM RESPONSIBILITY

I assume full responsibility for any and all equipment/uniforms loaned to my child/ward and I agree to promptly return, upon request, the uniform and other equipment in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for and promptly pay the replacement cost of such equipment.

Parent/Guardian Initial: _____ Player Initial: _____

CODE OF CONDUCT

The Ideology Of Youth Sports Including This Program Is To Promote Good Understanding And Fundamental Knowledge Of The Sport. It Is Also Critical That Good Sportsmanship Including The Ability To Always Conduct Oneself In An Appropriate Manner Of Positive Accord Both On And Off The Field. It Is Understood That Any Incident Considered Detrimental To The Pursuit Of This Ideology Will Not Be Tolerated. It Will Be Addressed In Accordance With The Statutes Of The Association, Conference, Current National Affiliation, State and Local Laws, And May Result In Dismissal From The Program And The Inability To Participate In Any Future Related Activities Of The Association. This Code Of Conduct Applies To All Involved With The Program Including But Not Limited To, The Football Players, Cheerleaders, Spirit Participants, Parents And Guardians.

Initial: _____

PRINT Parents/Guardian Name: _____ Parents/Guardian Signature: _____ Date Signed: _____

NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes.