

# 2011 Southeast Idaho Youth Football League Registration Form

(Any falsification will result in suspension of participation from program)

Today's Date \_\_\_\_\_

## Southeast Idaho YOUTH FOOTBALL LEAGUE

This is to certify that \_\_\_\_\_ Parent Home Phone \_\_\_\_\_  
 \_\_\_\_\_ Participant's Name \_\_\_\_\_  
 \_\_\_\_\_ Idaho \_\_\_\_\_ Work Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Email address: ( \_\_\_\_\_ )

Birth Date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Years of age on September 1<sup>st</sup>, 2011 ( \_\_\_\_\_ yrs old).

is physically qualified to participate in the Southeast Idaho Youth Football League (SIYFL) and that we, the parents or guardian, will not hold the administrators of the SIYFL, the coaches, volunteers, or sponsors responsible for any injury sustained during the scheduled games, practices or transportation thereto, or hold the SIYFL, their officials, volunteers or agents, liable for seeking or obtaining aid and assistance, to include hospitalization, medical aid or ambulance service, for participants who are believed to be injured or hurt.

The participation in sports involves some risk to its participants. SIYFL, through its uses of specially adapted rules, regulations, and protective equipment, helps to minimize these risks. However, participants and their parents or guardian must accept personal and financial responsibility for the risks associated with these sports. A parent or guardian should assess the medical and physical condition of the child prior to the start of the season. SIYFL provides excess medical insurance only. The plan benefits are payable for covered expenses not covered and payable by any other plan providing medical expense benefits, including medical trusts. I acknowledge, by signing, that I will provide medical insurance for my child. I also do not hold the League or its directors/officers liable for medical expenses that may occur.

I understand that the SIYFL permits the participant to use the below mentioned equipment at no charge. I agree to maintain and return the equipment in the same condition as it was issued (except for normal wear and tear). The League reserves the right to determine the status of said equipment. I also agree that in the event any of the below equipment is damaged, not returned, lost, or stolen, that I am held responsible for its replacement cost. I also understand that if the equipment is not returned by Equipment Return Date, I am held responsible for the entire cost of the below issued equipment.

**No refunds will be made after the first day of practice. All fees and birth certificate are due on Equipment Issue Day.**

**Mail Registration Form to: Southeast Idaho Youth Football, P.O. Box 1303, Pocatello, ID 83204.**

Notes:	_____ Parent or Guardian Signature
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Grade Assignment during season: 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Home School Did you participate in the SIYFL program last year? No <input type="checkbox"/> Yes <input type="checkbox"/>  If yes, what team? _____  As a parent would you be interested in: Coaching: No <input type="checkbox"/> Yes <input type="checkbox"/>  Playing Time Monitor: No <input type="checkbox"/> Yes <input type="checkbox"/>	Pocatello/Chubbuck area (see map on back), City, or School boundary you live within: _____ Aberdeen _____ Chubbuck Elem. _____ American Falls _____ Edahow Elem. _____ Bear Lake _____ Ellis Elem. _____ N.W. Blackfoot _____ Gate City Elem. _____ S.E. Blackfoot _____ Greenacres Elem. _____ Fort Hall _____ Indian Hills Elem. _____ Malad _____ Jefferson Elem. _____ Marsh Valley _____ Lewis & Clark Elem. _____ Preston _____ Syringa Elem. _____ Snake River _____ Tendoy Elem. _____ Soda Springs _____ Tyhee Elem. _____ Westside _____ Washington Elem. _____ _____ Wilcox Elem.	<b><i>League Use Only:</i></b> Registered by: _____  Paid By: \$98 Registration Fee <input type="checkbox"/> Not Paid <input type="checkbox"/> Cash Check # _____  Proof of Birth: Yes <input type="checkbox"/> No <input type="checkbox"/>  Comments: _____ _____
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### Equipment Leased to Participant

Equipment Check/Comment: \_\_\_\_\_ Team: \_\_\_\_\_  
 \_\_\_\_\_ Number: \_\_\_\_\_  
 \_\_\_\_\_ Weight: \_\_\_\_\_

**Total Replacement Cost if Damaged, Not Returned, Lost, or Stolen = \$190.00**

Item	Price	Item	Price	Item	Price
Jersey	\$50.00	Shoulder Pad	\$35.00	Pads (7)	\$10.00
Helmet w/pads/strap	\$75.00	Pants	\$15.00	Belt	\$5.00



**Southeast Idaho  
Youth Football League**

**P.O. Box 1303  
Pocatello, ID 83204**

**1-866-367-5180  
(Toll Free)**