## **North Brunswick Indians Registration Parent Agreement Form**

www.northbrunswickindians.com

Checklist of items needed to complete	registration	Choose:	Flag	<b>Football</b>	Cheer
1. Online Registration complet	<b>ed and Paid</b> by CC - If n	ot paid, Cas	h or Check	Due Immediately	,
2. Pop Warner Medical Form completed by parent					
3. Pop Warner Player Contract completed and signed by both parent and participant					
4. 1.5"x1.5" Photo - Unless a new photo was uploaded online during registration (yearly)					
5. Original Birth Certificate w/Raised Seal - This will be held and returned upon certification by CJPW					
6. Year-End Report Card from p	orevious year - 2 copies	needed			
7. \$100 Work Bond payment (or field or at the Youth Sports Fest Game-Day Chains, Coaching, Tepayment will be returned with a the start of our season. Failure	tival. Duties may includ eam Parent, Fundraising a receipt. Payment will	e, but are n g, etc. Once not be due	ot limited to your hours if the hours	the following: So are logged and ve are worked at th	nack Shack (Must Be 18), erified, your Work Bond ne YSF since this is prior to
8. Equipment/Uniform Security CHILD. This check will NOT be dend of the season. Fees and expreceived)) are due back at the expants are to be returned clean are to be returned clean & unal & Shoulder pads (including rib plisted will result in the check be posted publicly or used in futur	leposited unless your choectations are as followend of the season dry cand unaltered at the end the end of the pads or back plate if proeing deposited.	nild's equipr vs: <u>Cheer - \$</u> leaned, on nd of the sea season, alo ovided) <b>Fail</b>	ment is not in the control of the co	returned, or it is a uniform (Shell, S in the plastic. FI all - \$250 - Practi gned Helmet (inc in the equipment	returned damaged at the Skirt, Bodyliner & Jacket (if ag - \$100 - Flag Jersey and ce & Game Jerseys & Pants cluding chin strap provided) t or failure to return it as
10. I agree that my player/ch	neerleader has received	d the Unifo	m/Equipme	ent and it will be	returned as stated above.
Child's Name:		School: _			Grade in Sept
Child's Address:			Child's Da	ite of Birth:	
City:Stat	te: Zip:		Age as of	7/31:	
Father/Guardian Name:					sil·
Mother/Guardian Name:	C	ell Phone: _		Ema	nt:
EMERGENCY CONTACT (Someone Other Than Listed Above )					
ontact Name: Cell Phone:			Relationship:		
Medical Conditions to be aware of:					
I, the parent or guardian of the above named participation in the cheerleading clinics and conformal Adams AC Indians, the organizers, board members arising out of injury to my child except to Certificate of the child, medical release form, 201, as the parent/guardian, hereby ensure the valued and all necessary rules. I understand the information	all risks and hazards incident impetitions. I hearby waive, bers, sponsors, supervisors, or the extent and the amount complete copies of the endalidity of the information given.	tal to such par release, abso participants, t covered by a d of year repo ven to the Ada	ticipation, inc lve, indemnify and any perso ccident and li rt card, as wel ams AC NBI or	luding transportation and agree to hold h n transporting my chability insurance. I w l as any and all fees	n to and from activities and larmless any or all North Brunswick nild to and from activities, for any rill furnish an original Birth payable prior to the first practice.
Signature: Date:					