



Lakes Junior Eagle Football Registration

Program: Tackle Spring Flag Fall Flag



Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Weight lbs: _____

Birthdate: _____ Age: _____

Child's Last Name on Jersey *PLEASE PRINT CLEARLY*

Name on Jersey: _____ Jersey # 1st: _____ 2nd: _____ 3rd: _____

Returning Participant: YES NO

Grade in Fall: _____ Years in a Program: _____

School Currently Attending: _____

High School District: _____

Referred By: _____

Primary Contact Name: _____

Contact #: _____

Email: _____

2nd Contact Name: _____

Contact #: _____

Contact Email: _____

The undersigned parent of the above-named participant agrees to the following terms and conditions:

- ALL families are required to volunteer tackle 4 hours/ flag 2 hours to support the program, lack of volunteering will result in participants \$100 tackle/\$50 flag deposit to be cashed and restriction in championship game(s).

Initial: _____

Parent Participation Agreement:

- All team selections are the sole discretion of the organization.
- Any participant who refuses to play on the team for which he/she is selected will be dropped from the Lakes Junior Eagles Football program with no refund.
- Participation in the fundraiser is required for all participants. A \$75 (tackle) \$35 (flag) fee is due prior to participant receiving his/her uniform. Fee will be refunded after fundraiser

- I give approval for this participant to partake in any and all activities of the Lakes Junior Eagles Football Program.
- I understand the Lakes Junior Eagles Football organization will from time to time use the name, photograph, and/or video of the participant in newspaper articles or marketing materials, including the website and I consent to such uses and waive all rights to compensation.
- I understand the terms and conditions of the refund policy and acknowledge that portions of the registration fee are non-refundable as detailed in the policy.
- I agree to return to the Lakes Junior Eagles Football equipment issued to the participant in as good condition as when received. Reimbursement of lost equipment at replacement cost will be paid to the Lakes Junior Eagles Football not to exceed \$300.
- **I understand my participant will not receive his or uniform until all registration fees are paid in full.!**

Understanding of Risk and Release of Liability:

- I understand it is my responsibility to notify the Lakes Junior Eagles Football of any change in medical conditions or concerns.
- I know that participation in youth sports may result in serious injuries and protective equipment does not prevent all injuries.
- I assume all risks and hazards incidental to such participation including transportation to and from activities.
- I hereby waive, release, absolve, indemnify and agree to hold harmless the Lakes Junior Eagles Football, the TCYFL organization and the affiliate team organizations of TCYFL, other athletes, their families, and all hosting partners.

Authorization and Consent Medical Treatment:

- I authorize medical treatment of the aforementioned participant by a qualified and licensed person, if necessary

Lakes Junior Eagles Football Use Only

Cash _____ Credit Card _____ Check # _____

Fundraiser: \$ _____ Total: \$ _____

Previous Deposit: \$ _____ Birth Certificate: _____

Total Paid: \$ _____ Total Owe: \$ _____

Parent Signature: _____

Print Name: _____

Date: _____

Lakes Junior Eagles Football Payment Plan

Participant's Last Name: _____

Participant's First Name: _____

Registration Amount Due: _____

Financial Assistance/Scholarship Needed: YES NO

Board Member Signature: _____



Down Payment (minimum \$100 per participant): _____ Balance Due: _____

*****NO equipment/uniforms will be issued to participants with an outstanding balance*****

Payment Schedule

Date	Amount to Pay	Balance Remaining
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Print Parent Name: _____

Contact Number: _____

Email Address: _____

Parent Signature: _____

Board Member Signature: _____

Submit all payments payable to Lakes Junior Eagles Football. Include the 'participants last name/payment plan' in the memo of the check.

An email confirming each payment will be sent indicating the balance due and next payment date and amount.



LAKES JUNIOR EAGLES FOOTBALL



ATHLETE/PARENT/GUARDIAN CODE OF CONDUCT

As a Lakes Junior Eagles Football athlete and parent/guardian, I agree to the following:

1. I will show respect for my head coach, assistant coaches and fellow athletes.
2. I promise to arrive at all practices and games on time or provide an appropriate excuse beforehand.
3. I will honor the authority of each official and treat him or her with respect.
4. I will refrain from using abusive language and/or arguing with officials, coaches or other athletes.
5. I accept the fact that a violation of this code may result in my suspension or dismissal as an athlete.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to, the following:

1. Documented verbal warning by official, head coach, Lakes Junior Eagles Football Board Member, other Lakes Junior Eagles Football member association official, or TCYFL official.
2. Written warning by any of the above to be kept on file.
3. Athlete game/competition suspension with written documentation of incident kept on file by organization involved.
4. Game/competition forfeit through the official or coach.
5. Athlete season suspension.
6. Athlete permanent expulsion from Lakes Junior Eagles Football, TCYFL, and its member associations.

I also understand as a parent/guardian I must complete 4 volunteer tackle/ 2 volunteer flag hours prior to championship games or forfeit the \$100 tackle/\$50 flag deposit check for volunteer support. Volunteer hours will be reviewed and approved by Team Moms and Team Parent Coordinator.

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Lakes Junior Eagles Football Refund Policy



*****NO equipment/uniforms will be issued to participants with an outstanding balance*****

The last day for a refund is once equipment is handed out.

Football (tackle & flag) refunds must be requested in writing at least 1 week prior to equipment handout and submitted to info@lakesjunioreagles.com

Refund checks are only issued on the first Wednesday of the month and will be mailed to the participants address on the registration unless other arrangements are requested and verified.

Print Parent Name: _____

Participant(s) Name: _____

Contact Number: _____

Email Address: _____

Parent Signature: _____

The Lakes Junior Eagles Football Board reserves the right to review any refund requests on a case by case basis.