

**CDA Jr. Tackle Football Association**

Jr. Tackle **\$100.00** 5<sup>th</sup> – 8<sup>th</sup> Fitz League **\$70.00** 3<sup>rd</sup> – 4<sup>th</sup>

Date: \_\_\_\_\_

Paid \_\_\_\_\_ Owes \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_

Fundraising Opt Out **\$35.00** \_\_\_\_\_

Player Name: (Print) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Team Last Year \_\_\_\_\_

Tee-Shirt Size YM, YL, S, M, L, XL Grade Sept. of **2011** 3<sup>rd</sup> \_\_ 4<sup>th</sup> \_\_ 5<sup>th</sup> \_\_ 6<sup>th</sup> \_\_ 7<sup>th</sup> \_\_ 8<sup>th</sup> \_\_

Height in Inches \_\_\_\_\_ Weight \_\_\_\_\_

A player cannot play more than **one** year of each division.

**Parental Authorization**

We, the parents of the above named player of a CDA Jr. Tackle Football team, hereby give our approval for participation in any and all football activities during the current season. We assume all risks and hazards incidental to such participation including transportation to and from the activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the CDA Jr. Tackle Football Association, their organizers, sponsors, supervisors, participants and persons transporting our child, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

We, the parents, agree to be responsible for the football uniform. If not returned at the end of the season, replacement costs for said uniform will be paid by the signer.

Participants must furnish shoes, practice jersey, and their own pants with pads. CDA Jr. Tackle Football will issue a Helmet, game jersey, shoulder- pads, and mouthpiece. **All players must have a physical - Prior to practice. Physicals are valid for 2 seasons.**

CONSENT FOR MEDICAL TREATMENT: As the parent/guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Fathers Name: (**please print**) \_\_\_\_\_ Mothers Name: \_\_\_\_\_

Emergency contact name: (**please print**) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

This is an all volunteer league please indicate area of service you would like to be involved in:

Snack bar Yes \_\_ no \_\_ Field set-up/chain crew Yes \_\_ no \_\_ Score Board Yes \_\_ no \_\_ Field Paint Yes \_\_ no \_\_

I would like to be a Sponsor Yes \_\_ no \_\_

CDA Jr. Tackle desires quality-coaching applicants. Are you interested in a coaching/assistant position?

Yes \_\_ no \_\_

I do hereby agree to have my child play CDA Jr. Tackle Football with any team to which they are assigned for the 2011 season.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are registering through regular mail make sure to mail by July 1st. Make sure both parent/guardian and player have signed the form. Make sure you mail payment with form. Registration is **NOT** valid without payment.

CD'A Jr. Tackle Football  
P.O. Box 658  
Coeur d'Alene ID 83816



Please Mark your area on the map.