



EASTERN THUNDER COMMUNITY FOOTBALL LEAGUE

FOOTBALL 2018 REGISTRATION FORM

League Website: www.EasternThunderFootball.com

Child Information RETURN FORMS AND PAYMENT BY **JULY 1ST** FOR A **\$5.00 DISCOUNT**

MAIL COMPLETED FORMS AND PAYMENT TO: ETCFL (IN CARE OF DUANE LONG) 8766 EAST S.R. 58 BLOOMFIELD, IN 47424

Child's Name: _____ Date of Birth _____

Address: _____ City: _____ State: _____ Zip: _____

Estimated weight today _____ School Grade Fall 2018 _____ K-6TH Grade

Age as of August 1, 2018 _____ Shirt Size _____ Pant Size _____

Child must be going into Kindergarten to register for Football. Pre-Kindergarten will only be accepted for Cheerleading

Parent Information (Please Print)

Parent/Guardian Name _____

Phone Numbers; Home _____ Cell _____

Email Address _____

Email Address _____

Football Equipment Rental Information

***** EQUIPMENT HANDOUT WILL BE JULY 14th FROM 9AM TO 11AM *****

Registration Fee includes rental use of game jersey, shoulder pads, helmet, and all additional pads. These items are the property of Eastern Thunder Community Football League and must be returned at the end of the season. The parent or guardian agrees to pay the replacement costs for any unreturned equipment or equipment damaged beyond repair. Parents will need to supply their child's Black football pants.

Parents Signature: _____

Refunds

After a Child has participated in at least one scheduled practice or game there will be NO REFUNDS.

Concessions

Concessions: Parents are required to sign-up for one (1) concession per child participating in the ETCFL. A check for \$50 will be collected per child as a deposit at the time of registration. THIS CHECK WILL NOT BE CASHED PRIOR TO THE END OF THE SEASON. The check will be returned uncashed after the required concession duty has been fulfilled. Any and all checks remaining at the end of the season due to parents not completing the required concession duty will be cashed.

I have read and understand the concession policy.

Parent signature: _____

Coach's Contact

Please include one phone number to call and/or text in case of practice / game cancellation, or any other last minute changes.

Coaches will call or text just ONE Phone number. _____

I certify that all information given is correct. I agree to all stipulations herein and to abide by the rules and regulations of the Eastern Thunder Community Football League. I am the parent or legal guardian of the child that I have registered above.

Jersey Number and Color last year: _____ / _____ (Numbers or Color will not be guaranteed)

Parental Signature: _____ Date: _____

Registration Fee: \$65.00

Cash/Check No. _____

Registration Fee \$60.00 (\$5.00) Discount if Paid in Full by July 1st 2018 Date Paid _____

Emergency Authorization Form _____ Amount Paid _____

Waiver or Liability Form _____ Receipt No. _____

Parent Code of Conduct Form _____ Player Code of Conduct Form _____

Please make all checks payable to ETCFL (Eastern Thunder Community Football League)

Please contact Duane Long for any additional information @ 812-361-8735 or email longelkfarm@bluemarble.net

You may send this form, completed in full, w/ payment to Duane Long at 8766 East. S.R. 58 Bloomfield, IN 47424

**EASTERN THUNDER COMMUNITY FOOTBALL LEAGUE
FOOTBALL AND CHEERLEADING 2018 RELEASE FORM**

Emergency Authorization

I, _____ (parent/guardian's name) the undersigned parent or legal guardian of _____ (participant), a minor, hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors as picked by an Officer of the Eastern Thunder Community Football League to consent to medical, surgical, or dental examination or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the following:

Name _____ Home Phone _____ Cell _____
Name _____ Home Phone _____ Cell _____

Waiver of Liability, Disclaimer, and Permission

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. In consideration for accepting the ***nonrefundable registration fee*** of the named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as for my child, his /her heirs and assigns) hereby release, discharge, and hold harmless **Eastern Thunder Community Football League**, and its employees, volunteers and other representatives or affiliates (including without limitation the participating schools, organizations, coaches, team moms, sponsors, game or event workers, officials, facilities, volunteers and land owners) from any and all claims arising from or relating to illness, physical injury, death or other damages that may result to said individual while participating in an **Eastern Thunder Community Football League** sponsored event, including any physical injury by negligence of any official, coach, or volunteer while performing his/her duties during any practice or game. I attest that my child is physically capable to participate in this event. However, should officials, representatives, coaches, or volunteers determine in their sole discretion that the completion or participation in any games or events would be injurious to my child's health, or should my child become ill or injured, I consent to his/her removal and treatment by any physical or medical care provider at the direction of the event or game officials, sponsors, representatives, coaches, team moms, and/or volunteers. I fully understand that **all fees are nonrefundable**, and all property of Eastern Thunder Community Football League must be returned at the end of the season.

PARENT/GUARDIAN SIGNATURE _____

PRINTED NAME _____ **DATE** _____