



HOBE SOUND RAVENS YOUTH FOOTBALL & CHEER REGISTRATION 2015

11674 SE Laurel Lane, Hobe Sound, Florida 33455

(Please call HS Ravens at 772-245-8188 or contact hs_ravens@comcast.net if you have any questions)

PLAYER INFORMATION (please print)

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip Code: _____

Does your child have any physical ailments and/or limitations? (Please check one) Yes No If Yes, explain: _____

PARENT/GUARDIAN INFORMATION (please print)

Father/Guardian Last Name: _____ First Name: _____

Home Phone: _____ Cell/Alternate Phone: _____ Email Address: _____

Mother/Guardian Last Name: _____ First Name: _____

Home Phone: _____ Cell/Alternate Phone: _____ Email Address: _____

VOLUNTEER INFORMATION In order for HSRAVENS to be successful, we need all talents and resources available to us through our parents/guardians. Please check any of the following areas where you will participate:

Asst. Coach Team Mom Fundraising Board Member

Hobe Sound Ravens Disclaimer

As parents/guardians we state to the best of our knowledge and belief, the information provided on this form is true, accurate and complete. We understand that this program is a tackle football program and involves certain risks of illness or injury to participant.

As parents/guardians we state that _____ (print name of player) is physically fit to participate in the **HS Ravens** tackle football program and consent to our child's participation in such program.

Knowing the risk of injury, as parents/guardians we do hereby agree to assume responsibility for any illness or injuries sustained by our child while practicing, playing, participating in, being transported, or involved in the activities under the jurisdiction of the Hobe Sound Ravens Youth Football league. We agree to assume all responsibility for and pay for all medical and hospital expenses incurred because of any illness or injuries incurred by our child as a participant in the Fall HSR's league. We release HSR's officers, directors, coaches, officials, representatives, and volunteers, from any and all damages and liabilities sustained by our child or ourselves resulting from participation in the youth tackle football program and cheer program.

By signing below you are agreeing to all terms listed on this page.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

FOR LEAGUE USE ONLY: 2015 HOBE SOUND RAVENS FEE \$190.00 (service fee for credit cards)

PLAYER/TEAM INFO: Birthdate: _____ Age: _____ Weight: _____ TEAM ASSIGNED: _____ BM initials _____

PAYMENT: Payment in Full \$ _____

Amount Paid \$ _____ Check # _____ Date Pd ____/____/____

Hobe Sound Ravens Scholarship Fund

Yes. I would like to contribute \$5.00. \$10.00 \$20.00 or other \$ _____ to the HS Ravens scholarship