

NOBLE SQUIRES REGISTRATION

Registration fees: Flag Football/Flag Cheer is \$25 per child. If paid before first practice, fee for grade 2 & 3 Football/Cheer is \$75, grades 4 - 8 Football/Cheer is \$100. Each child after the first in a Squires' program is \$50. Late fee of \$25 is added if payment is after first practice without arranging a payment plan through the treasurer. Make checks payable to "Noble Squires". Payment plans are available. Returned check fee is \$35.
Registration paperwork and fees may be mailed to us at: Noble Squires PO Box 1000 Berwick, ME 03901.

PLAYER/FAMILY INFORMATION

Player name: _____ Entering grade: _____ Age: _____ DOB: _____

Home address: _____

T-shirt Size: **(circle one)** Child - SM MED LG Adult - SM MED LG XL 2XL Other: _____

Parent(s)/Guardian Contact Information

Name(s): _____

Phone: _____ Cell: _____

Email(s): _____

Alternate Emergency Contact

Name(s): _____

Phone: _____ Cell: _____

Email(s): _____

PARENT/LEGAL GUARDIAN PERMISSION FORM

By its nature, participation in athletics includes risk of injury, which may range in severity from minor to disabling. Although serious injuries are not common in supervised sports programs, it is impossible to eliminate the risk. Participants can and do have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing this permission form, you acknowledge that you have read the above information and agree to perform the actions described.

PARENTS OR PARTICIPANTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I hereby give my consent for _____
(Player's name)

1. To be a member of the Noble Squires Organization's football/cheerleading program.
2. To accompany the team of which he/she is a member on out-of-town trips.
3. To receive, in my absence, emergency medical care which may become reasonably necessary in the course of athletic participation or travel through a medical doctor or emergency service of the Noble Squires Organization's coaches' or board member's choice.

I further agree not to hold the Noble Squires Organization or anyone acting in its behalf, responsible for any injury occurring to the above named participant in the proper course of such athletic events or travel.

Parent/Legal Guardian Signature: _____ Date: _____

INSURANCE COVERAGE

I fully understand that the Noble Squires Organization does not provide accident or health insurance coverage for my son/daughter/legal ward to participate in the organization’s football/cheerleading activities. I fully understand that it is my responsibility to provide insurance coverage for my son/daughter/legal ward before my son/daughter participates. This insurance coverage, or suitably comparable coverage, must be in effect at all times that my child is participating.

INSURANCE PROVIDER: _____

By my signature, I hereby certify that I have read and understood the requirements of insurance coverage for my child, named below, to be able to participate in the Noble Squires Organization’s sport programs. Furthermore, I certify that the insurance information supplied above is accurate and current.

Participant name: _____

Parent/Legal Guardian Signature: _____ Date: _____

BIRTH CERTIFICATE

Tackle football players playing Pee Wee or Jr. High football (grades 4 through 8) must submit a copy of a birth certificate to be kept on file. This is to ensure eligibility per the bylaws of SMYFL. Please blackout social security numbers.

PARENTAL MEDICAL DISCLOSURE

Parents/Legal Guardians must disclose any and all medical conditions which may affect their child’s participation on a Noble Squires Organization’s team. Additional documents may be submitted with this medical form, to detail other conditions. Indicate medications (such as inhalers, epi-pens, etc) that are required. Information provided will be kept confidential to the extent possible while still allowing coaches enough information to provide proper care. Check here _____ if additional medical information is provided.

**THIS MEDICAL DISCLOSURE MUST BE SIGNED BY PARENT/LEGAL GUARDIAN.
WITHOUT SIGNATURE, NO PARTICIPATION WILL BE ALLOWED**

I certify that no information has been withheld concerning any known/suspected pre-existing medical conditions my son/daughter/legal ward (named above) may have, which might affect his/her ability to participate as a member of a *Noble Squires Organization* team.

Parent/Legal Guardian Signature: _____ Date: _____

PHYSICIAN CLEARANCE TO PARTICIPATE

(Alternately provide a doctor’s physical/release, clearing player to participate. Player must have a new release once examine date is 13 months past)

HEAD OR BRAIN INJURY: _____	CONCUSSIONS: _____
UNCONSCIOUSNESS: _____	ALERGIC TO: _____
RECENT SPRAINS OF ANY JOINT: _____	MEDICINES: _____
RECENT BROKEN BONES: _____	DIABETES: _____
SERIOUS EYE TROUBLE: _____	ALLERGIES: _____
KIDNEY INJURIES: _____	ASTHMA: _____
HEART CONDITION: _____	HERNIAS: _____
OTHER: _____	

Patient is cleared for athletic participation (YES/NO): _____ Date examined: _____

Physician’s signature: _____

Physician’s name (printed): _____

RULES FOR PARTICIPANTS AND PARENTS

Each participant and a parent/legal guardian of that participant must sign that they have read or heard all of these rules, and agree by their signature that they will uphold and abide by all of the specified rules.

I have read the Noble Squires Organization's RULES FOR PARENTS AND PLAYERS and will abide by the principles contained therein.

Athlete's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

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1. Every player will attend every practice even if he/she is injured and cannot actively practice. When players miss a practice they miss new material covered that night during practice. By being present, players will be knowledgeable of all material on their return to active participation. Players who cannot practice may be asked to assist their teammates in learning the position(s) or in some other capacity.
 2. For each unexcused absence from practice, playing time in the current week's game will be sacrificed, as well as extra work done. Extra work includes but is not limited to extra laps, exercises, sprints, etc. Extra work will be assigned by the coaches. Extra work may also be assigned for tardiness to practice.
 3. No vulgarities or swearing will be allowed. Two(2) laps or suitable actions set at the discretion of the coaches shall be given for any infractions.
 4. No "back talk" to the coaches will be allowed. Not every subject is up for discussion. Any coach has the right to, and will, discipline any player on any team at any time that it becomes necessary.
 5. Players receiving disciplinary detentions at school may also receive extra duties at practice. We believe that proper behavior is a full-time obligation and therefore we will help to enforce it at all times.
 6. Players are strongly encouraged to be in their homes no later than 9pm on the night prior to a game. This is for the players' safety on the field as well as the good of the team. A player who is tired will not play at his/her full potential, which may result in injury.
 7. A player will be put in the position which best fits the team's needs.
 8. All players will keep all equipment on until told to remove it by the head coach while at practice. A sufficient cool down period is required after strenuous exercising to avoid becoming sick, especially during cold weather.
 9. In the event that a player quits the team, all game/practice equipment and apparel belonging to the Noble Squires Organization will be returned the following day of practice, to the player's head coach ONLY! Failure to follow this procedure will result in the issuance of a bill for the full replacement amount of equipment.
 10. Any player seen smoking, using alcohol, or being involved with controlled substances/drugs will be dealt with up to, and possibly including, removal from the team.