

# AMA BOOSTERS CLUB

SINCE 1971

PO BOX 664, ALTAVILLE, CA. 95221

## 2011 Registration Form

## AMA Jr. Bullfrogs Football

### PLAYER INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE AS OF 11-01-11
ELEMENTARY SCHOOL ATTENDING	HIGH SCHOOL DISTRICT	GRADE IN SCHOOL	

CURRENT WEIGHT: \_\_\_\_\_ NUMBER OF YEARS PLAYED: \_\_\_\_\_ TEAM PLAYED ON LAST YEAR: *BANTAM JV VARSITY*

PLEASE CIRCLE: T-SHIRT SIZE: **YM** **YL** **AS** **AM** **AL** **AXL** **A2XL**

### PARENT/GUARDIAN INFORMATION

#### PARENT/GUARDIAN #1

#### PARENT/GUARDIAN #2

LAST NAME	FIRST NAME
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
PHYSICAL ADDRESS	
CITY, STATE, ZIP CODE	
PHONE (HOME)	_____
PHONE (CELL)	_____
EMAIL ADDRESS	_____

LAST NAME	FIRST NAME
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
PHYSICAL ADDRESS	
CITY, STATE, ZIP CODE	
PHONE (HOME)	_____
PHONE (CELL)	_____
EMAIL ADDRESS	_____

PLAYER LIVES WITH: \_\_\_\_\_ PARENT/GUARDIAN #1 \_\_\_\_\_ PARENT/GUARDIAN #2 \_\_\_\_\_ BOTH

### DECLARATION OF REGISTRATION INFORMATION

All information provided by me or any other person on this form is true and complete to the best of my/our knowledge. I/We understand that any false information given is a direct violation of eligibility rules. The player and any conference individual member involved will be brought before the conference for possible reprimand and disqualification from the conference and its activities.

My/Our signature on this form registers my/our child with the AMA Junior Bullfrogs Football and authorizes AMA to freely assign players to a designated team. I/We also agree to return all issued equipment and uniforms at the end of the season or be financially liable for its replacement at full and current costs to the AMA Junior Bullfrogs Football. Cost is approximately \$300.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

DO YOU HAVE MORE THAN ONE CHILD PLAYING OR CHEERING IN THIS AMA PROGRAM?

\_\_\_\_\_  
HOW MANY?

<input type="checkbox"/>	Birth Certificate Received	<b>FOR A.M.A. USE ONLY</b>	<input type="checkbox"/>	Code of Ethics	<input type="checkbox"/>	Head Coach	<input type="checkbox"/>	Bantam
<input type="checkbox"/>	Physical Form Received		<input type="checkbox"/>	Registration Dec.	<input type="checkbox"/>	Assistant Coach	<input type="checkbox"/>	Junior Varsity
<input type="checkbox"/>	Payment Cash		<input type="checkbox"/>	Hold Harmless	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Varsity
<input type="checkbox"/>	Payment Check No. _____		<input type="checkbox"/>	Medical Release	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>	Cheerleader

\_\_\_\_\_  
PLAYER LAST NAME

\_\_\_\_\_  
PLAYER FIRST NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
AGE AS OF 11-01-11

# **EMERGENCY INFORMATION & MEDICAL RELEASE**

## **IN CASE OF EMERGENCY PLEASE CONTACT**

NAME OF CONTACT \_\_\_\_\_  
PHONE (HOME) \_\_\_\_\_  
HOSPITAL PREFERENCE \_\_\_\_\_  
PHYSICIAN PREFERENCE \_\_\_\_\_  
HEALTH INSURANCE CARRIER \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_  
PHONE (OTHER) \_\_\_\_\_  
HOSPITAL PHONE \_\_\_\_\_  
PHYSICIAN PHONE \_\_\_\_\_  
PLAN OR POLICY NO. \_\_\_\_\_

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. diabetic, asthma, seizure disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. In case of emergency, if family physician cannot be reached, I/we hereby authorize my/our child to be treated by a Certified Emergency Personnel. (i.e. E.R. Physician, E.M.T.)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## **HOLD HARMLESS & PARTICIPATION AGREEMENT**

My/Our child has my/our permission to participate in any and all activities of the AMA Junior Bullfrogs Youth Football Team. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and agree to hold harmless the Mother Lode Youth Football League, AMA Boosters Club, the organizers, sponsors, supervisors, coaches, participants, and in the event any persons transporting my/our child to and from activities for any claim rising out of injury to my/our child. I/We understand that the Coaches of the AMA Junior Bullfrogs Football are going to be teaching my/our child the fundamentals of football. I/We understand and acknowledge that the amount of playing time my/our child may have is not guaranteed. Playing positions and the amount of playtime is determined by the Coaching Staff based upon the overall needs of the team, individual ability and effort. Every effort will be made to give each player an opportunity to learn and grow as well as to have a good season for the overall team. The AMA Coaching Staff is happy to address any parental questions or concerns, provided that games or practices are not interrupted. I/We agree that any concerns will be addressed to coaches before or after practice/games via telephone. Discussions are not to take place during or immediately after games or in front of players.

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\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## **CODE OF ETHICS**

1. Coaches, Guardians and Players will act in a safe and sportsmanlike manner at all AMA youth functions. The use of alcohol, tobacco or profane language is prohibited.
2. Coaches, Guardians and Players shall not cause or incite disturbances by loud or frequent disagreements with game officials and/or coaching judgments and decisions.
3. No Coach, Guardian or Player shall commit any act of poor sportsmanship or personal conduct that may bring discredit to the AMA Boosters Club.
4. The Coach, an Official, the Director or Commissioner of an AMA Sport may warn or have anyone removed from an AMA function who acts in an unsportsmanlike manner.
5. The Coach, an Official, the Director or Commissioner of an AMA Sport may have anyone removed from an AMA function who is using alcohol, tobacco or profane language.
6. Any Player in violation of being unsafe, verbally or physically abusive, or any other unsportsmanlike behavior, shall be subject to the disciplinary action of the any Coach, Director or Commissioner of an AMA Sport.
7. The Commissioner of an AMA Sport will address any action that is deemed unacceptable by a Head Coach. The Commissioner may then take appropriate action to insure that this violation will not be repeated.
8. The Director of an AMA Sport will address any action that is deemed unacceptable by the Commissioner of an AMA Sport. The Director of that AMA Sport may then take action to insure that this violation will not be repeated.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLAYER SIGNATURE

\_\_\_\_\_  
DATE