BRUNSWICK COUNTY

FOOTBALL

JUNIOR FOOTBALL TEAMS

AGES & WEIGHTS:

7-9 YRS. OLD – 10 YEAR OLD-OLDER/LIGHTER – 6 TEAMS
EACH OF THE 6 TEAMS LIMITED TO THE FIRST 35 APPLICANTS
MUST BE 9 ON OR BEFORE JULY 31, 2015
WEIGHT LIMIT FOR JUNIORS IS 120 LBS.
10 YEAR OLD-OLDER/LIGHTER WEIGHT LIMIT IS 80 LBS.

REGISTRATION FEE: $50.00

*****COPY OF BIRTH CERTIFICATE, PAYMENT & COMPLETED REGISTRATION FORM TO BE ELIGIBLE. *****

SENIOR FOOTBALL TEAMS

AGES & WEIGHTS:

10-12 YRS. OLD – 13 YEAR OLD-OLDER/LIGHTER – 6 TEAMS
EACH OF THE 6 TEAMS LIMITED TO THE FIRST 35 APPLICANTS
MUST BE 12 ON OR BEFORE JULY 31, 2015
WEIGHT LIMIT FOR SENIORS IS 160 LBS.
13 YEAR OLD-OLDER/LIGHTER WEIGHT LIMIT IS 115 LBS.
CANNOT TURN 14 DURING SEASON

REGISTRATION FEE: $50.00

*****COPY OF BIRTH CERTIFICATE, PAYMENT & COMPLETED REGISTRATION FORM TO BE ELIGIBLE. *****

DEADLINE FOR REGISTRATION IS JULY 31, 2015

EACH OF THE 12 TEAMS IS LIMITED TO THE FIRST 35 PLAYERS REGISTERED

REGISTRATIONS MUST BE DONE IN BOLIVIA / ONLINE or MAILED IN BY JULY 31, 2015

BRUNSWICK COUNTY PARKS & RECREATION ATHLETICS

MAIL ENTRY FEE & REGISTRATION TO:

BRUNSWICK COUNTY PARKS & RECREATION
C/O BRIAN MOORE
P.O. BOX 249
BOLIVIA, NORTH CAROLINA 28422
PHONE: 910.253.2670
FAX: 910.253.2684
EMAIL: brian.moore@brunswickcountync.gov

BRUNSWICK COUNTY PARKS & RECREATION ATHLETICS

2015 BRUNSWICK COUNTY YOUTH FOOTBALL REGISTRATION

(FORM MUST BE FILLED OUT COMPLETELY WITH BIRTH CERTIFICATE & FEE PAID TO BE ELIGIBLE)

PLEASE PRINT NEATLY OR TYPE & FILL OUT COMPLETELY

PARTICIPANT:_____
(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS:_____
(P.O. BOX or STREET) (CITY) (ZIP)

PHYSICAL ADDRESS:_____
(P.O. BOX or STREET) (CITY) (ZIP)

HOME PHONE: (910) - **EMERGENCY:** (910) -

MOM CELL: (910) - **DAD CELL:** (910) -

EMAIL: _____@_____ **WEIGHT:** _____

BIRTHDATE: ___/___/___ **AGE AS OF JULY 31ST:** _____

PREVIOUS TEAM (IF ANY)_____ **SCHOOL:** _____

ANY PHYSICAL LIMITATIONS:_____

PARENTAL CONSENT: PLEASE READ & SIGN: APPLICATION MUST BE SIGNED BY AT LEAST ONE PARENT/GUARDIAN FOR PARTICIPANT TO BE ELIGIBLE. BY SIGNING THIS REGISTRATION, YOU ARE STATING THAT YOU UNDERSTAND AND AGREE TO FOLLOW THE TERMS AND CONDITIONS BELOW.

I/WE, the Parents/Guardians of the above named candidate for a position on any of the BFL Youth Football teams, hereby give MY/OUR approval to his/her participation in any and all BFL Youth Football activities during the current season. I/WE assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/WE do hereby waive release, absolve, indemnity and agree to hold harmless the Brunswick County Parks & Recreation, BFL Youth Football League and its Associations, the sponsors, supervisors, participants, volunteers and persons transporting MY/OUR child to and from activities for any claim arising out of illness, injury, accidental death or damage to personal property sustained in the above activity to MY/OUR child. I/WE and participant agree to abide by the BFL Rules of Conduct.

YOUR CHILD MUST PLAY FOR THE TEAM IN THE DISTRICT IN WHICH YOUR PHYSICAL ADDRESS FALLS. IF THERE IS NOT A TEAM FROM THAT DISTRICT, HE/SHE WILL BE ABLE TO PLAY FOR THE TEAM IN THE NEXT CLOSEST DISTRICT. **RETURNING PLAYERS ARE ASSIGNED TO THE TEAM PLAYED FOR UNLESS THEY REGISTER AFTER DEADLINE AND THEN THEY MAY BE PUT ON A WAITING LIST OR ASSIGNED TO ANOTHER TEAM.**

AS A PARENT OR GUARDIAN, I ASSUME ALL RESPONSIBILITY FOR ANY UNIFORM / EQUIPMENT THE ABOVE PARTICIPANT RECEIVES FOR THIS PROGRAM. NO ALTERATIONS TO ANY UNIFORM OR EQUIPMENT ARE ALLOWED. UNIFORM / EQUIPMENT MUST BE RETURNED BY THE LAST GAME OR EVENT OF THIS PROGRAM OR I WILL PAY FOR THE UNIFORM / EQUIPMENT.

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified paramedic/ physician to render such medical treatment as said paramedic/physician deems necessary under the circumstances. (BRUNSWICK COUNTY E.M.S. IS PRESENT FOR GAMES)

PICTURE CONSENT FOR FILM / WEBSITE / ADVERTISEMENTS: I/WE give permission to have my child's picture on the BCP&R/league web site, program advertisements, video for purposes of televising games and any other medium used strictly to promote the BFL.

PLEASE MAIL COMPLETED FORM TO: BCP&R ~ ATTN: BRIAN MOORE ~ P.O. BOX 249 ~BOLIVIA, NC 28422
FAX: (910) 253-2684 (REGISTRATIONS MUST BE COMPLETED & SIGNED/FEE PAID/& A COPY OF PARTICIPANTS BIRTH CERTIFICATE RECEIVED BEFORE ANY PARTICIPATION CAN BEGIN.) I/WE have read the above and agree and understand the policies set forth above

LOCATION INFORMATION:

PREVIOUS TEAM PLAYED FOR: Leland Panthers ☐ Town Creek Bulldogs ☐ Southport-Oak Island Cougars ☐ Lockwood Folly Chiefs ☐ Shallotte Pirates ☐ Shallotte Bucs ☐

Have You Moved? ☐ Yes ☐ No Where:_____ Do You Want To Play In New Location Where You Moved? ☐ Yes ☐ No

Comments: _____

MOM/GUARDIAN_____ **DAD/GUARDIAN**_____

DATE: _____ **DATE:** _____