

Palatine Amateur Football Association

Visit www.palatinepanthers.com for year-round information.

Participants must bring a copy of their birth certificate to their coach.

CHECK ALL THAT APPLY:

New Veteran Sibling

Please note: All participants must come to the Community Center to be weighed in.

PLEASE PRINT ALL INFORMATION

Participant's Last Name _____ First Name _____

Address _____

City/State/Zip _____

Date of Birth _____ School Grade as of TODAY _____

Mother's Name _____

Cell Phone _____ Mother's Email _____

Father's Name _____

Cell Phone _____ Father's Email _____

I would like to help the PAFA program by offering to:

Head Coach Assistant Coach Team Parent

Other, please describe: _____

The quantity of players is primarily limited by; the number of qualified coaches, equipment and practice fields provided for PAFA Football. Therefore we can only accommodate a specific number of players based on age and weight. A selection filter of (1) Veterans, (2) Siblings and veterans and (3) In a numerical order at open registration based on the weight and age. A number will be assigned at open registration that you can monitor your status on the official PAFA website at www.palatinepanthers.com.

PNO: 9045-9

FOR OFFICE USE ONLY

CA CK CG R NR FHS PHS SCH

Checked by _____ Date _____

Processed by _____ Date _____

Batch# _____

Fee \$ _____

Lottery # _____ Weight _____

PAFA FEES COLLECTED AT EQUIPMENT HANDOUT

Equipment Deposit **\$300**
(Post dated 10/31/10)

Equipment Reconditioning **\$100**
(Non-refundable after issued)

Operation Fee **\$100**
(Non-refundable after issued)

Players Age		<input type="checkbox"/>
September 1, 2010		
After 9/1/01	Not Eligible	
9/2/00-9/1/01	8	
9/2/99-9/1/00	9	
9/2/98-9/1/99	10	
9/2/97-9/1/98	11	
9/2/96-9/1/97	12	
9/2/95-9/1/96	13	
9/2/94-9/1/95	14*	
Before 9/1/94	Not Eligible	

* (8th grade during season)

This section must be completed if you use **VISA, MASTERCARD or DISCOVER.** (Circle one) VISA MASTERCARD DISCOVER Cardholder (print) _____

Expiration date: _____ Card Number: _____

Amount of Charge: _____ Authorized Signature: _____

PLEASE NOTE: The Palatine Amateur Football Association is organized and governed by a volunteer Board of Directors. This Board of Directors raises funds to supplement registration fees to offset expenses associated with PAFA. Occasionally, expenses are incurred which are not previously approved by the Park District staff or by the Board of Park Commissioners. Occasionally, PAFA organizational positions are taken relative to Park District issues and/or Park Board candidates which may not represent the views of the Park Board and/or individual commissioners. PAFA operates under the NWFYFL bylaws and PAFA specific bylaws that are available for public review.

This section MUST BE completed for ALL PAFA participants.

By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress, and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Palatine Park District activities. Palatine Park District does not provide insurance protection for participants in Park District activities. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s). I give my child permission to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Palatine Park District or its commissioners, employees, or volunteers for damages and/or injuries to the registrant, which may arise from participation in Palatine Park District programs. **EMERGENCY TREATMENT:** A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in cases of extreme emergencies. **TO WHOM IT MAY CONCERN:** As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list specific medical allergies, medicines, or other conditions on the reverse side of this form or on a separate piece of paper to be attached to this form.

Signed _____ Relationship to participant _____

Emergency Name _____ Emergency Phone _____

Please indicate if there is any medical information (asthma, diabetes, etc.) or food allergies that the staff should be aware of _____