



**BELMONT JUNIOR MARAUDER FOOTBALL, INC.
REGISTRATION INSTRUCTIONS AND INFORMATION**



All Player Registration Forms Should be Turned in by April 14, 2016

There will be a Mandatory Parent Meeting on April 14th
@ 7PM at the Belmont Lions Club (1 Common Street Belmont).

New players and returning player's parents are strongly encouraged to attend this meeting. This meeting is also an opportunity for you to have any questions you may have answered.

Please read all instructions carefully

<p>The registration packet consists of:</p> <p>A. Registration Form</p> <p>B. Registration Fee</p> <p>C. Medical Clearance</p>	<p>No child will be rostered onto a team, given equipment or allowed to step onto the field without having ALL paperwork turned in. There will be no exceptions. Any incomplete packet sent to Belmont Junior Marauder Football will be returned to you and your child will not be registered until it is complete.</p>
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Instructions for each section:

- A. Registration Form**
1. Completely fill out the "Contact Info" form. Leave no blank spaces.
 2. Completely fill out "Release" form and initial each box. Leave no blank spaces.
 3. Don't forget to sign the Parental Signature Line on the "Release" form!
- B. Registration Fee**
1. Registration for 7th and 8th grade football candidates is \$275.00 for each child
 2. Make checks payable to Belmont Junior Marauder Football.
 3. **There will be a \$25.00 service fee for any checks that do not clear.**
- C. Medical Clearance**
1. Parents must fill out all pertinent spaces on the form and send it to your doctor.
 2. The doctor must sign and stamp the form and make note of any medical condition BJMF should be aware of. (A note from your doctor on his/her stationery stating your child is physically fit to participate in football is also acceptable and should be attached to the medical form)
 3. Forms must be dated on or after **January 1, 2016** and are applicable to the entire calendar year.

Direct questions to: jrmauderfootball@gmail.com

Attn: James MacIsaac, 25 Ripley Road, Belmont, MA 02478

Phone: 617-484-7686

BELMONT JUNIOR MARAUDER FOOTBALL, INC.
INFORMATION SHEET
(PLEASE PRINT)

PARTICIPANT INFORMATION:	CHILD'S FULL NAME:		
	DATE OF BIRTH/WEIGHT:	(DOB)	WEIGHT
	SCHOOL/GRADE (as of Sept. 2014):	(SCHOOL)	(GRADE)

CONTACT INFORMATION: (*If parents' addresses are different, please provide alternative address information on the back of this form)	PRIMARY HOME ADDRESS*:		
	Names of PARENT/GUARDIAN:		(2)
	HOME PHONE:	(1)	(2)
	CELL PHONE:	(1)	(2)
	PAGER/BEEPER:	(1)	(2)
	E-MAIL ADDRESS:	(1)	(2)
	WORK PHONE:	(1)	(2)

EMERGENCY CONTACT:	If parents or guardians cannot be reached in an emergency, please contact:		
	NAME:		
	RELATIONSHIP:		
	PHONE #:		

MEDICAL INFORMATION:	FAMILY PHYSICIAN:		
	PHONE #:		
	ALLERGIES OR MEDICAL CONDITIONS (please specify):		
	MEDICATIONS (please specify):		

VOLUNTEER INFORMATION:	We need parent volunteers to help make this a successful program. Please indicate below what you can do to contribute:		
	<input checked="" type="checkbox"/>	TEAM PARENT	<input checked="" type="checkbox"/>
		FUND RAISING	CHAINS (home games)
		ANYTHING NEEDED	EVENT PLANNING & EXECUTION

ADMINISTRATIVE USE ONLY:	REG. FEE \$ _____		
	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK/CHECK NO.	<input style="width: 100px;" type="text"/>
NOTES:			

**BELMONT JUNIOR MARAUDER FOOTBALL, INC. RELEASES
HEREAFTER REFERRED TO AS THE "BJMF"**

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(Please read the following and initial the boxes below):

I. PARENTAL CONSENT: _____ Initial	I, the parent or legal guardian of: _____ (please print child's name) a candidate for a position on the BJMF Football Team, do hereby grant permission for His/her participation in Belmont Junior Marauder Football (BJMF).
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II. RELEASE FROM LIABILITY: _____ Initial	I, agree to assume all risks and hazards incidental to participation on a football team, including those arising from transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless, Belmont Junior Marauder Football, and its employees, officers, directors, sponsors, volunteers, participants, persons transporting my child to and from any and all team activities (including out-of-state activities), and other agents from any and all claims, losses, liabilities or damages (including without limitation, attorneys' fees and court costs) of any kinds whatsoever, arising out of participation in the football team whether resulting from negligence or other causes.
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III. MEDICAL RELEASE: _____ Initial	<p>Because your child is involved in a active sport, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur at team practices, or at games, both at home and away (possibly out of state).</p> <p>I hereby grant permission to the Belmont Junior Marauder Football , (the "BJMF") to administer first aid, secure proper treatment, consent to medical treatment on behalf of my son/daughter/ward in consideration of the BJMF agreement to provide such first aid, treatment, consent and authorization. I hereby agree to release, absolve, and hold harmless the BJMF and its employees, officers, directors, sponsors, volunteers, and other agents from any liability of any kind whatsoever, arising out of the administration of first aid, treatment, consent to medical treatment, or authorization provided or obtained by the BJMF.</p> <p>BE SURE TO PROVIDE CONTACT & EMERGENCY NAMES & PHONE NUMBERS ON FRONT PAGE, PROVIDE MEDICAL INFORMATION/ALLERGIES/MEDICATIONS/ETC. ON FRONT PAGE.</p>
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IV. SCHOLASTIC FITNESS: _____ Initial	I am of the opinion that my son/daughter/ward is scholastically fit and would benefit by participation in this program.
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V. REFUNDS/ UNIFORMS/ CONDITIONING _____ Initial	I understand that: <ol style="list-style-type: none"> 1. No refunds after July 1, 2015. 2. Uniforms are the property of the BJMF. If lost or damaged, I will be charged for the replacement. 3. Football, like any other sport or physical activity, can be dangerous. <ul style="list-style-type: none"> ➤ It is important that my child attends all practices to insure proper conditioning, thus minimizing the risk of injury. ➤ Not consistently attending practice undermines the goals of the team and organization.
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**BELMONT JUNIOR MARAUDER FOOTBALL, INC. (BJMF) RELEASES
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VI. BEHAVIOR	<p>I understand that:</p> <ol style="list-style-type: none">1. The BJMF has established a discipline review board. The board's sole purpose is to review unacceptable behavior and recommend a corrective action.2. The BJMF will not tolerate: Insubordination/Foul Language/Harassment/Threats/violence/Deliberate intent to injure/Use of tobacco products, drugs, alcohol/Constant disruptive Behavior/Or any other action that causes harm/distress to BJMF and/or its participants.3. Parents, adults, and older siblings' full participation are important to the success of our program. The children want our support and encouragement.4. I must never interfere with the duties of a Coach/Referee/Judge/Time Keeper/Board Member/ or Volunteer.5. As adults, we must set an example of civility and proper behavior for our children. I am aware that my behavior could result in my child being removed from the program.6. The BJMF has adopted a policy on adult behavior, which will be strictly enforced. <p>PLEASE BE SURE TO DISCUSS THESE EXPECTATION AND BEHAVIORS WITH YOUR CHILDREN.</p>
____ Initial	

I HAVE READ, UNDERSTOOD, ACCEPTED AND AGREED TO SECIONS I – II – III – IV – V – VI:

PRINT NAME
(Parent or Legal Guardian)

SIGNATURE
(Parent or Legal Guardian)

DATE

PHYSICAL

1. MUST BE ON PHYSICIAN'S LETTERHEAD OR STAMPED WITH PHYSICIAN'S NAME, ADDRESS, DATE AND SIGNATURE.
2. MAY **NOT** BE DATED PRIOR TO JANUARY 1STOF THE CURRENT YEAR.
3. A COMPLETED PHYSICAL MUST BE IN, OR THE FOOTBALL CANDIDATE WILL NOT BE ALLOWED TO PARTICIPATE IN ANY RELATED ACTIVITIES UNTIL A PHYSICAL IS SUBMITTED.

IF STANDARDIZED FORM IS NOT USED THIS BLOCK MUST BE SIGNED AND STAMPED

I STATE THAT (NAME) _____ IS PHYSICALLY FIT AND THERE ARE NO OBSERVABLE CONDITIONS WHICH WOULD CONTRAINDICATE HIS/HER PLAYING FOOTBALL/CHEERLEADING.

PHYSICIAN SIGNATURE: _____ DATE: _____

PRINT PHYSICIAN NAME: _____

PHYSICIAN ADDRESS: _____
