

# WILLOUGHBY HILLS FOOTBALL

## WILLOUGHBY HILLS TACKLE FOOTBALL SIGN-UP FORM



Players will be notified in advance of the start of practice

Birth Certificate and \$110.00 Fee (checks payable to the City of Willoughby Hills)

A physical is not required ... but it is highly recommended

### { } "A" TACKLE TEAM

9-10-11-12 year olds

Must be 9 on or before August 1st, 2011

Cannot be 12 on or before June 1st, 2011

140 lb. Weight Limit (Equipped)

### { } "B" TACKLE TEAM

7-8-9-10 year olds

Must be 7 on or before August 1st, 2011

Cannot be 10 on or before June 1st, 2011

125 lb. Weight Limit (Equipped)

### PLAYER INFORMATION

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HOME NO. \_\_\_\_\_ EMERGENCY NO. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Call With Questions:** Joe Jarmuszkiwicz (440) 840-5542 [joejarmus@yahoo.com](mailto:joejarmus@yahoo.com)  
City Hall Recreation Dept (440) 975-3540

**Mail To:** City of Willoughby Hills  
35405 Chardon Road  
Willoughby Hills, OH 44094  
ATTN: FOOTBALL PROGRAM

**Release of Liability:** I / We, the parents/guardian of the above, who is a candidate for a position in Willoughby Hills football, hereby give my/our approval to their participation in any and all activities of the League. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnify and hold harmless, the City of Willoughby Hills, Willoughby Hills Boys League, the organizers, sponsors, and supervisors, any or all of them. I/We hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person the participant to or from our activities. I/We will provide a certified birth certificate of the above named player upon request from league officials. In case of injury, I/We the parents/guardian of the above named participant will assume full responsibility for any claims resulting from injury. I/We further grant permission for medical treatment in the event of an emergency.

**I acknowledge that I have read and fully understand the "Release of Liability" statement above.**

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date