

**NORCHESTER RED KNIGHTS
FOOTBALL & CHEERLEADING ASSOCIATION
REGISTRATION**

Date: _____
Name: _____
Address: _____

Phone: _____
Email: _____

Team: _____
Date of Birth: _____
Township: _____
School District: _____
School Attending: _____

Paid: _____

BERT BELL CONFERENCE

I understand that I am responsible for the submission of true and valid data to the Norchester Red Knights Organization, in compliance with Bert Bell Memorial Football Conference Requirements, for the purposes of playing Football. I understand that this data (including: consent, birth certificate, and Physicians release) is to be copied and kept on file by both the club and the conference. I agree to verification of the submitted data with the State Department of Vital Statistics, school and/or physician of record, should that become necessary. I also understand that should any information submitted on behalf of the above mentioned player be incorrect or invalid, the penalties stated in the bylaws and rules of the Bert Bell conference will be imposed on the club, weight team (all players), and player(s), individuals(s), and that these include (but are not limited to) forfeiture of games and suspension. My responsibilities also include advising the club and/or conference board if I am aware of an illegal player on any member team. **Initials:** _____

NORCHESTER

My child has my permission to participate in the activities of the Norchester Red Knights Football and Cheerleading Organization. It is my responsibility as a parent to see my child maintains an adequate scholastic level while participating in this program. Permission is also granted to the Norchester Organization to administer medical treatment to my child and, if needed, transport to an emergency facility. Norchester First Aid personnel will **NOT** be held liable for any decisions and treatments administered at any time. I agree that my child will obtain a Physical, at my cost and prior to issuance of equipment. **Initials:** _____

AUTHORIZATION:

I hereby authorize Norchester Red Knights to release my name, address, and phone number for the purpose of receiving information pertaining to Football and Cheerleading related activities. I authorize the Release of any and all medical information pertinent to my child. **Initials:** _____ ****If you wish for your information not be made available, please check here**. **Initials:** _____

FEES

I agree to return **ALL** equipment given to me once the season ends or when my child ceases to be a participant. I understand that if I do not return the equipment by the specified date to be announced and in condition as which it was first issued, I will be responsible for paying a fee of \$300.00. I agree to work in the concession stand as part of my commitment to the Red Knights Organization. If I choose not to work, I realize I am responsible to pay a \$75.00 non-workers fee. I agree to participate in the mandatory clean up required after games and practices as scheduled.

ALL REGISTRATION FEES ARE NON-REFUNDABLE.

I have read, signed, and understand that I agree to adhere to the parents code of ethics. In addition, I agree to a Zero tolerance for any deviation of the code. I have received and will read the Norchester Handbook and agree to abide by the contents.

SIGNATURE: _____ **DATE:** _____

