

# Football Registration



## 2009 Howard County Bruins Youth Football Team

"**Let the big guys play**"... is the inspiration of the Howard County Bruins Youth Football Team. The Bruins were established in 2001 to provide an arena for youth between 11-14 years old, too big to play in other recreation leagues, the opportunity to experience the many facets of football. As members of the Maryland Youth "Unlimited" Football League (MYUFL) the Bruins are one of several teams. The league plays by High School Federation rules with unlimited weight restrictions.

The Bruins provide local youth the venue to develop their character, establish friendships, and assume responsibility. They learn the fundamental skills through participation in regular practices and games. The Bruins have an experienced coaching staff that is equally passionate about the game and the positive experience the players will gain.

Since 2001 the team has grown to support a junior varsity squad and a varsity squad. These players have moved successfully into their local high school football system. This ongoing support from the local community will continue to ensure the Bruins future.

As the Howard County Bruins Youth Football Team looks towards their future, the focus is to provide a comprehensive, positive football program of which the entire community can be proud. The Bruins are unlimited in the growth potential and are excited about the upcoming years in Howard County.

Registration will be at the following location on the dates and times listed below:

**Dicks Sporting Goods at the Columbia Crossing Shopping Center**

Times and dates are to be announced.

Registration can also be accomplished "on line" at [www.hocobruins.com](http://www.hocobruins.com). Download the registration package and mail the forms and the checks to the address listed on the application.

Inquires can be directed to [infoeq@hocobruins.com](mailto:infoeq@hocobruins.com)

Registration Fee \$150.00 + \$150.00 equipment deposit (refunded after equipment turn-in). Bring the attached forms, the required documents (birth certificate, report card, medical release) and the checks to the in-person registration to be held at Dick's Sporting Goods.

Thank you for your interest.



## Howard County Bruins Football Registration Form

Please complete and mail to:

Howard County Bruins Youth Football Team  
P.O. Box 6628  
Columbia, MD 21045

**Registration Fee \$150.00 + \$150.00 equipment deposit (refunded after equipment turn-in)**  
Please provide 2 separate checks for the above fees. Thank you.

**Date:** \_\_\_\_\_

**Respondent Name:** \_\_\_\_\_

**Respondent Email Address:** \_\_\_\_\_

**Respondent Completing This Form Is Legal Guardian: Yes / No (Circle One)**

**Respondent is at least 18 years old: Yes / No (Circle One)**

**Players Last Name:** \_\_\_\_\_

**Players First Name:** \_\_\_\_\_

**Parents Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Work Phone(s) #:** \_\_\_\_\_

**Cell Phone (s) #:** \_\_\_\_\_

**Registration Form**

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**Date of Birth:** \_\_\_\_\_

**Current Age:** \_\_\_\_\_

**Age by July 31st:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Grade Entering In Fall:** \_\_\_\_\_

**School To Be Attending In Fall:** \_\_\_\_\_

**Medical Coverage Policy (if any):** \_\_\_\_\_

**Physicians Name:** \_\_\_\_\_

**Physicians Phone #:** \_\_\_\_\_

**Any Health Issues: Yes / No (Circle One)**

**Aware Of Non-Refundable Registration Fee: Yes / No (Circle One)**

**Aware Of An Equipment Deposit Required: Yes / No (Circle One)**

**Aware That Original Birth Certificate Is Required For Verification: Yes / No (Circle One)**

**Aware That A Copy Of Birth Certificate Is Required: Yes / No (Circle One)**

**Aware That A Copy Of Recent Report Card Is Required: Yes / No (Circle One)**

**Returning Bruin Player: Yes / No (Circle One)**

**Any Past Experience: Yes / No (Circle One)**

**Number of Years:** \_\_\_\_\_

**Prior Team(s):** \_\_\_\_\_

**You Are Aware That Fundraising Is Requested: Yes / No (Circle One)**

**You Are Aware That Volunteering Is Necessary: Yes / No (Circle One)**

**Registration Fee \$150.00 + \$150.00 equipment deposit (refunded after equipment turn-in)**

# HOWARD COUNTY BRUINS YOUTH FOOTBALL TEAM

2009

## PARENTS CODE OF ETHICS

- As a parent, I acknowledge the importance of being involved in my child's team activities.
- I will introduce myself to my child's coaches and team volunteers to exchange pertinent contact information and to offer assistance in team activities and fund raisers.
- I will know who is transporting my child to and from any team activity
- I will know my child's practice and game date schedule.
- I will ensure a drug, alcohol and tobacco-free environment for my child.
- I will place the emotional and physical well-being of my child ahead of any personal desire to succeed.
- I will provide support for coaches and volunteers working with my child to provide a positive, enjoyable experience for all.
- My child and I will treat all participants, spectators and officials with respect, regardless of race, color or ability.

Player's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

# HOWARD COUNTY BRUINS YOUTH FOOTBALL TEAM

## AGREEMENT TO WAIVER OF CLAIMS AND LIABILITY RELEASE

In, consideration of his acceptant as a Participant in the Howard County Bruins Youth Football Program (hereafter the Program), the undersigned Participant (hereafter Participant) and Participants parent(s) or legal guardian(s) agree to the following Waiver of Claims and Liability Release (hereafter the Waiver and Release'), which will cover events occurring from the time the Participant commences his participation in the Program until the termination of his participation therein.

### WAIVER OF CLAIMS AND LIABILITY RELEASE

It is the intent of the undersigned Participant and his parent(s) or legal guardian (s) to release the Howard County Bruins Youth Football Team and its agents and volunteers from any claim or liability to the fullest extent possible under the law, and to advance that intent the undersigned hereby agrees as follows:

**1. WE UNDERSTAND AND HEREBY ACKNOWLEDGE THAT THE GAME OF FOOTBALL IS A FULL-BODY CONTACT SPORT THAT PRESENTS THE INHERENT RISK OF SERIOUS BODILY INJURY AND OUR WAIVER AND RENUNCIATION OF CLAIMS IN THIS AGREEMENT EXPRESSLY APPLY TO ANY BODILY INJURY, DAMAGE OR ACCIDENT THAT MAY BE SUFFERED BY THE PARTICIPANT OR OTHERS RESULTING FROM THE PARTICIPANT'S PARTICIPATION IN THE GAME OF FOOTBALL IN CONNECTION WITH THE PROGRAM.**

2. We the undersigned, as a Participant in and the parent(s) or legal guardian(s) of a Participant in the Program, hereby waive and renounce any claims against the Howard County Bruins Youth Football Team and their volunteers, sponsors, agents. and affiliates, or any other, person participating in the Program, including without limitation. any claims based on negligence for any injury to the Participant or others, loss damage, sickness, accident delay or expenses of any kind whatsoever resulting from the Participants participation in the Program.

3. We also agree to hold harmless the Howard County Bruins Youth Football Team, its agents and volunteers from any and all claims arising out of the equipment or uniform supplied to Participant for use in the Program or the equipment or other material used by the Program staff it implementing the Program.

4. We understand and acknowledge that the Howard County Bruins Youth Football Team, Its agents and volunteers do not guarantee the security or safety of Program sites, or the areas adjacent to and surrounding Program sites or of any areas Participants may traverse on their way to or from program sites. We release the Howard County bruins Youth Football Team, its agents and volunteers from any and all claims arising out of accidents or events caused by a Participant of third parties not associated with the Program, which incidents could occur on Program sites, in areas adjacent to or surrounding Program sites or in areas traversed by Participants traveling to our program sites. We further release the Howard County Bruins Youth Football Team, Its agents or volunteers from liability for any damage or injury that may occur as

a result of the surface or condition of the Program site itself (e.g. the football playing field), or the condition of facilities or equipment used at the site.

5. We recognize that the Participant must obey the instructions of coaches, their assistants and any other program staff and we have instructed the Participants to obey said coaches and other Program staff. We understand and acknowledge the Program staff and the Howard County Bruins Youth Football Team reserve the right to terminate the participation in the program of any Participant whose conduct may be considered by the Howard County Bruins Youth Football Team, in its sole discretion, to be detrimental to or incompatible with the interests and security of the Program or the Howard County Bruins Youth Football Team. In the event of any such action by the Howard County Bruins Youth Football Team, we understand and acknowledge that we will have no right to any compensation or damages from the Howard County Bruins Youth Football Team, its agents or volunteers.

6. We represent and confirm that the Participant has undergone or will undergo prior to commencement of his participation in the Program, a full and comprehensive physical examination administered by a board certified physician who will supply the Howard County Bruins Youth Football Team or its designated representative a form certifying, on the basis of aforementioned physical examination, that the Participant is physically fit to play the game of full contact football and otherwise to participate in the Program. We further confirm that we have executed, or will execute prior to commencement of the Participant's participation in the Program, the medical history form provided to the Participant at the time of his registration for the Program and will return the executed medical history form to the Howard County Bruins Youth Football Team or its designated representative.

7. We further understand that should any medical services be provided or made available to the Participant in connection with his participation in the Program, the provision or availability of which the Howard County Bruins Youth Football Team does not sponsor or guarantee, the Howard County Bruins Youth Football Team does not warrant or make any representation concerning the adequacy or continuation of such medical services, nor can the Howard County Bruins Youth Football Team be deemed responsible or held liable for any claims arising out of the provision of such medical services or the failure to provide or to continue to provide such medical services. We also understand that the Howard County Bruins Youth Football Team cannot be held liable for any other services provided in connection with the Program, including without limitation any coaching, counseling, transportation or security services.

8. If any portion of this Waiver and Release is invalid or unenforceable by a final judgment of any court of competent jurisdiction, we hereby agree that such determination shall not affect the balance of this Waiver and Release, but this Waiver and Release shall remain in full force and effect, as such invalid portion shall be deemed severable.

**Player's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date :** \_\_\_\_\_

# HOWARD COUNTY BRUINS YOUTH FOOTBALL TEAM

Participant Name / Birth date: \_\_\_\_\_ Weight: \_\_\_\_\_

## Assumption of Risk and Consent for Treatment

I understand that there is an inherent risk of injury with my participation and contact football, and that this injury may lead to permanent disability or death. In the event of routine of emergency health examinations diagnostic procedures, treatment of illness, and/or injuries, permission is hereby granted to treat the athlete above by physicians associated with community facilities as needed.

Name of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact #: (\_\_\_\_\_) \_\_\_\_\_

## Medical Insurance Information

Indicate the status of your personal health insurance coverage. If covered, the information indicated below must be provided for all applicable policies.

\_\_\_\_\_ I am not covered by a health/accident insurance policy.

\_\_\_\_\_ I am covered by my own health/accident insurance policy.

\_\_\_\_\_ I am covered by my parent's health/accident insurance policy.

Health Insurance Company Name & Address: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Physician Consent

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication student-athlete is taking: \_\_\_\_\_

Previous Medical Conditions: \_\_\_\_\_

Previous Orthopedic Conditions: \_\_\_\_\_

\_\_\_\_\_ Student-athlete cleared for all full contact physical activities (full contact football)

\_\_\_\_\_ Student-athlete restricted from physical activities, reason and/or conditions for clearance (if any)

Conditions for clearance (if any): \_\_\_\_\_

Signature of Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

**\*(Doctor's stamp of approval also required)**