



Cecil County Parks & Recreation Winter Football League 2009/2010

Registration is now being accepted for the 2009/2010 season of Winter Football. Games are played at Caravel Academy on Saturdays for 8 weeks starting January, 2010. This league is for Cecil County Youth who will play against teams outside of Cecil County.

Positional placement tryouts will be 12/5 from 12-3pm at the Cecil Arena. The fee for all participants ages 14-17 is \$90.00. A \$25.00 non refundable deposit must accompany this application. Mail completed forms and checks made payable to "Treasurer of Cecil County" to:

Cecil County Parks & Recreation
200 Chesapeake Blvd. Suite 1200
Elkton, Maryland 21921
(410) 996-8101 fax (410) 996-8105

OR

Cecil County Parks & Recreation
17 Wilson Road
Rising Sun, Maryland 21911
(410) 392-4537 (410) 658-3000
Fax (410) 658-3011

All payment balances and paperwork must be turned in before equipment distribution on Sunday December 6th behind the Cecil Community Center from 12-2pm. A check in the amount of \$200.00 will be held for the loaner equipment and returned upon return of the equipment.

PLAYER'S INFORMATION (please print)

Child's Name: _____ League Age (as of March 1, 2010): _____

Child's Address: _____
Cecil County Street City/State Zip Code

Child's D.O.B.: ____ / ____ / ____ HOME PHONE: (____) _____
MM / DD / YEAR E MAIL: _____

Current Height: _____ Current Weight: _____

School Attending: _____ Grade (2009-10 school year): _____

High School District: _____ On What Team Last Season: _____

What Team(s) have you played on _____ JV _____ Varsity _____ Did you start? _____

Previous Years Experience: _____ Off. Position _____ Def. Position _____ Spec. Teams _____

Will you play another sport besides football this winter? If Yes, which sport? _____

If spaces still remain after tryouts, team spots can be taken by "Out of Cecil County" kids. Registration for Out of County players is \$130.00

Parent waiver required to be signed on the back of this form.....

NOTE TO PARENT – Have PHYSICAL FORM done early so you son can practice, have a copy of Birth Certificate ready to submit as well. There will be a **mandatory PARENT MEETING** at the first practice scheduled for Tuesday, December 8th at 6:30pm at the Cecil Arena, 2706 North East Road in North East. Practice will be held from 6:30- 8:30pm/Parent Mtg. from 6:30-7.

PARENT/GUARDIAN INFORMATION (please print)

Father/Male Guardian's Name: _____ Home Phone: (____) _____

Address (if different than child): _____ Cell Phone: (____) _____

Mother/Female Guardian's Name: _____ Home Phone: (____) _____

Address (if different than child): _____ Cell Phone: (____) _____

WAIVER/RELEASE

I, Hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Cecil County Government, its representatives, successors, and assigns for any and all injuries suffered by myself at the activities for which I am requesting. I give permission for myself to be photographed while participating or attending a Parks & Recreation activity. I understand that photos may be used in future publication.

I, the undersigned, as a parent of _____ do hereby consent to his participation in the CECIL COUNTY PARKS AND RECREATION WINTER LEAGUE FOOTBALL program run by the NCCFL (New Castle County Football League), and in giving consent, do acknowledge that participating in contact football, may result in serious injuries and that protective equipment does not always prevent all injuries to players, and do hereby waive, release, absolve, indemnity and agree to hold harmless the CECIL COUNTY DEPARTMENT OF PARKS AND RECREATION, Cecil County Government and New Castle County Football League, the organizer, sponsors, supervisors, coaches and participants for any claim arising out of injury to my child weather the result be of negligence or any other cause while participating in the program. It is also understood that the CECIL COUNTY DEPARTMENT OF PARKS AND RECREATION will not provide hospitalization/medial insurance for my child, and such coverage will be my responsibility. Each football player is required to have a physical examination by a licensed physician before being allowed to participate in any practice or game.

I agree to return, upon request, the uniform and other equipment issued to my child in as good condition as when received except for normal wear and tear.

I will furnish a birth certificate and proof of address for the above named child to League Officials.

I certify that all information contained on this form is correct, and otherwise, my child will be ineligible to participate in CECIL COUNTY WINTER LEAGUE FOOTBALL for the duration of the season.

Parent Signature

Date

Registration Check List

Please be sure to have the following before your son can begin practice n December 7.

- ____ Birth Certificate (copy)
- ____ Physical (copy)
- ____ \$90 in County payment (\$130 out CC)
- ____ Parent Signed Waiver
- ____ Uniform Deposit (\$200.00 Check only)
- ____ NCCFL Code of Conduct Signed



Dates to Remember

- Saturday 12/5 – Tryouts, Cecil Arena 12-3pm
- Sunday 12/6 – Equipment, Com. Ctr. 12-2pm
- Tuesday 12/8 Parent Meeting, Cecil Arena, 6:30pm
- Tuesday 12/8, First Practice, Cecil Arena 6:30-8:30pm
- Saturday 1/2, First Game, Caravel Academy, TBA

+++++ OFFICE USE ONLY: Do Not Write Below This Line +++++

PAID: _____
 Amount Check # Date

Equipment Deposit _____ Check # _____

Please Make Checks Payable to:
 Treasurer of Cecil County

 Amount Cash Date

HELMET # _____ PADS # _____ JERSEY # _____ Initial _____