

**2019 SEASON LOCKPORT JR. PORTERS YOUTH FOOTBALL & CHEERLEADING
REGISTRATION FORM**



CHILDS NAME	BIRTH DATE	WEIGHT (football only)	AGE AS OF 08/01/19	SCHOOL GRADE AS OF 08/01/19	FOOTBALL OR CHEER?	Desired Jersey # & 1 Alternate

ADDRESS: _____

CITY: _____ ZIP: _____ CELL PHONE: _____

EMAIL: _____

_____ I agree that the LOCKPORT JR. PORTERS' officers, members, and agents are in no way responsible for any injury occurred while playing in the Football League. Organized football/cheerleader, whether it is at practice, games, or in transit to or from any practice or games.

_____ I assume responsibility for all equipment/uniforms issued to my child(ren) and understand said equipment is the sole property of the LOCKPORT JR. PORTERS. Equipment is issued on a loan basis for the current season only. All equipment must be kept in good condition and not abused. The said equipment issued to the youth(s) noted above must be returned to the Lockport Jr. Porters upon request. It is understood that failure to return said equipment in whole or part of entire issue will result in billing to the undersigned for the full replacement cost of the equipment in question, plus any recovery cost.

_____ I agree to abide by the rules and regulations of the JR. PORTERS and the POP WARNER FOOTBALL LEAGUE rulebook and bylaws.

_____ I give my permission for the said youth(s) to take part and participate in the LOCKPORT JR. PORTERS of the Pop Warner Football League for the 2019 season.

_____ I understand that if I engage in foul language, negative behavior, or any behavior that is interruptive of any Lockport Jr Porters Event or function, I will be immediately escorted from the event. I understand that this behavior could also result in my expulsion from future Lockport Jr Porters events and functions.

_____ I understand that I am entitled to a full refund of any registration money, fundraising money, and volunteer buyout money I have paid for the upcoming season until 4/30/19 if lottery tickets are returned. I am entitled to a full refund MINUS JERSEY/Warm-ups COST from 5/1/19 TO 8/7/2019. **NO REFUNDS WILL BE ISSUED, after the 8/7/2019.**

_____ I do hereby release and hold harmless the physician, hospital personnel and every other official; hereby agreeing not to prosecute medical claims against them, thereby waiving any and all claims that may arise as a result of medical services provided to our son/daughter, while a member of the LOCKPORT JR. PORTERS YOUTH FOOTBALL

Mother/Guardian Name _____ Father/Guardian Name _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

2019 Lockport Junior Porters Season Requirements and Registration Prices



Registration price for the 2019 season: \$325

Players Name(s): _____

Flag - \$0+separate fundraising, All Star \$200

Jan-Feb \$30 Early bird discount

Mar-May \$325

June-July 15 \$25 Late fee

July 15 \$175 Expedited fee

Registration Prices Include:

Football: game jersey, bus ride to certification

Cheer: Warm-ups, 1 regular season bow, 1 pink bow, 1 competition bow if necessary

Payment Plans:

Payment plans are available through our online registration. Minimum payment of \$100 due at time of signup.

Refund Policy:

We will refund 100% of registration and fundraising fees through April 30. Between May 1 and through 8/7/19, we will refund 100% of fundraising fees (with return of lottery tickets) and registration fee minus cost of jersey/warm-ups. (Your player/cheerleader may have the item once it arrives).

Registration Policy:

If you opt to mail in a check during online registration, you have 14 days to either pay your account in full by check or set up a payment plan online in order to keep your player/cheerleaders spot. All accounts must be paid in full and deposit checks submitted before first day of practice. Registration credit card fees will be added to the registration total.

Mandatory Baseline Concussion Test: (Children 8 years old and up only)

The Lockport Jr Porters is partnering with Pro Sports Rehab in Plainfield to keep our participants extra safe. Pro Sports is giving all participants of LJP the special price of \$30 for a baseline concussion test AND a sports physical. These must be completed and turned in to us prior to first day of practice. Schedule your appointment with Pro Sports – 815-267-6263 | 12337 South Rt. 59, Suite 119, Plainfield, IL 60585.

Mandatory Fundraising:

We have a mandatory fundraising fee for the 2019 football season. Cost is \$50 for single child families, \$75 for families with 2 or more children. We plan to have a fundraiser in the fall to allow families to recoup this cost, details to follow.

Mandatory Volunteer Hours Deposit/Buy-out:

Each family with 1 child registered is required to complete 6 volunteer shifts (shifts are typically an hour). Buyout for these shifts is \$150. Each family with 2 or more children registered are required to complete 8 volunteer shifts. Buyout for these shifts is \$200. Check deposit for hours is required at uniform sizing. If shifts are not completed or signed up for by 8/31/19, check will be cashed. Shift sign-up available through team snap app prior to season start.

Equipment/Uniform Deposit:

Deposit for each child is \$300 when Equipment/Uniform is issued. Check will be returned when all items are returned providing there is no damage beyond normal wear and tear. Players/Cheerleaders are not to wear their cheer uniform/game pants or jersey's during practice.

THE FOLLOWING PAPERWORK MUST BE PROVIDED TO THE JR PORTER PROGRAM IN ORDER FOR YOUR CHILD TO BEGIN PRACTICE:

- Copy (not original) 2018 -2019 School Report Card Highlighting All Four Quarters or Terms, if report card is two-sided please copy both sides
 - Copy (not original) of the players birth certificate (we already have returning players)
 - Pop Warner Player Contract 2019
 - Pop Warner Parent Physical form
 - Pop Warner Current Physical Form, completed by Pro Sports Rehab in 2019 as well as Baseline Concussion Test slip
- If the above paperwork is not on file for the participant, he/she will not be allowed to begin practice until all paperwork are turned in.

_____ I understand I am required to take my child(ren) ages 8 and up to Pro Sports Rehab for a Baseline Concussion test and sports physical prior to the first day of practice.

_____ I understand my family is required to pay \$50 / \$75 fundraising for the coming season. I will have the opportunity to recoup this amount through fundraising efforts during the season.

_____ I understand my family is required to donate 6 / 8 shifts to the program during the 2019 season. Or, I may buyout the shifts for \$150 / \$200.

Signed _____ Date _____

Office use only:

Paid by: Check / Cash / Online Check #: _____ Witness: _____