

Centennial
Coyotes
Football

**COYOTE FUTURE
FROSH & YOUTH
7 on 7 Passing League**

Centennial
Coyotes
Football

Cost: \$45 per player—Bring \$45 Cash/Check (paid to Packbackers) !

Practice: Starts Tuesday, May 29th at 5:00pm at Centennial

****Limited space available!!!!**

****Cost includes and T-Shirt and Tournament Entrance Fee**

Contact Coach Spicer for more info!
623-332-9664 or CoachSpicer@icloud.com

Sign Up Instructions

7 ON 7 INFO:

7 on 7 is for players planning to play QB, RB, FB, WR, TE, LB, CB and Safety. Sorry no lineman. Lineman should get with Coach Light for the weekly lineman clinic. For tournaments space could be limited to as few as 25 players however we will plan on no more than 40 players. Sign up soon!!

PRACTICE:

Practice nights are Tuesday & Thursday evenings (5pm to 7pm) however **1st practice will be Friday May 25th at Centennial** (practices should last no more than 2 hours). Practice days are subject to change.

TOURNAMENT GAMES: Cesar Chavez HS - 3921 W Baseline Rd, Mornings of June 9th, 16th, & 23rd @ 8am and Friday evening the 29th @ 6pm.
The 23rd is the TOURNAMENT CHAMPIONSHIP.

COST, SIGNUP AND WAIVER:

The cost is \$45 per player and needs to be turned in by May 29th to order the shirts in time. If paying Check Payments need to be made out to Packbackers **referencing Freshman 7 on 7 Passing League**. Cost is for the shirt vendor & tournament fees. Please provide fees **along with the waiver form (on the back)** me on the 29th. An accident waiver form (on the back) has to be completed for each player in order to participate. **This waiver has to be turned in with the money.** I will need each player's name, address, phone #, email address, parents name and emergency contact info and the positions you would like to play in football.

THINGS YOU WILL NEED:

For practice, you should wear a **white t-shirt** with your first name on the front and last name on back (you should use permanent marker), **solid navy-blue shorts**, **cleats**, **white crew socks**, **mouth piece** and **water jug**, not water bottles (this will be in the middle of summer, it will be hot and we will be running a lot). You will need lots of water! For games, you will need all of the above except you will wear your game t-shirt not white.

******PHYSICALS ARE NOT REQUIRED FOR 7 ON 7 HOWEVER, START GETTING YOUR PHYSICALS NOW!******

2018 Centennial Future Frosh 7 on 7 Passing League

Player's Name _____ Position Desired: _____

Birth Date _____ Age of Child: _____ Grade for 2017/18 school year _____ Gender: M / F

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Parents E-Mail _____

Father's Name: _____ Work / Cell Phone: _____

Mother's Name: _____ Work / Cell Phone: _____

Emergency Contact Name: _____ Emergency Phone: _____

Alt. Emergency Contact Name: _____ Alt. Phone: _____

Family Doctor's Name: _____ Phone: _____

Insurance Co. Policy Number: _____ Group Number: _____

Any Medical Concern's we should be aware of: _____

Medical and Liability Release: I understand that there are certain risks of injury inherent in the practice and play of this Activity and I am willing to assume these risks on behalf of my child/ward. I certify that my child/ward is in good physical condition and does not have any physical or mental disabilities or infirmities that would restrict full participation in the strenuous activities of this Activity. I understand that in order for my child/ward to participate in such Activity, that health insurance coverage is required. The Peoria Unified School District (PUSD) and Centennial Future Frosh 7 on 7 Passing League (CeHS FF 7 on 7 PL) are not responsible for any medical expenses that may incur due to such participation. My child/ward may receive emergency medical treatment, if needed, and there are NO limitations to my child's participation except where stated in writing above. PUSD and CeHS FF 7 on 7 PL and its members are not responsible for any costs related to injuries incurred during the CeHS FF 7 on 7 PL Activities.

I further hereby release, discharge and/or otherwise indemnify PUSD and CeHS FF 7 on 7 PL its affiliated organizations, sponsors, officials, officers, employees, representatives, agents, servants, or volunteers, and associated personnel, including the owners of fields and facilities utilized by the Activity from and against any claims, damages, or liability of any kind or nature for injury, death, or damage to personal property arising out of or in connection with my child's/ward's participation in this Activity; from whatever cause, including but not limited to the active or passive negligence of the PUSD and CeHS FF 7 on 7 PL, its officials, officers, employees, representatives, agents, servants, volunteers, or other Activity participants, against any claim by or on behalf of the my child/ward as a result of the my child's/ward's participation in the Activity. This includes transportation to or from the Activity and social events associated with the Activity whether or not they are the result of negligence or any other cause.

Registration Agreement: As a parent/legal guardian of the above registrant, a legal minor, I agree that the registrant and I will abide by the rules of the CeHS FF 7 on 7 PL and its affiliated organizations and their sponsors.

Media Release: By signing this form, I hereby give the CeHS FF 7 on 7 PL licenses and legal representatives the irrevocable right to use mine or my child's name, picture, portrait, or photograph in all forms and media and in all manners. I am the parent or legal guardian of the minor named above and have the legal authority to execute the above Medical and Liability release. I approve the foregoing and waive any rights in the premises. (Requests will be granted on a case-by-case basis.)

Parent/Guardian Signature: _____ Date: ____/____/____

OFFICE USE ONLY		
Amount Paid	Check/ Cash	Received By

WAIVER FORM

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Tournament Contact Information

Gilbert Porche at: (602) 430-0998 email: shirts4less@msn.com

William Chipley email: chipley@phoenixunion.org

Tax ID # 47-3357288

Rules and regulations will be e-mailed. To reserve a place for your team, make checks payable to:

**Checks Payable to Champions Booster of Laveen
P.O. Box 18053
Phoenix, AZ 85005**

Coaches E-mail address: _____

PLAYER RELEASE FORM:

Every Participant must turn this form in to their coach.

Coaches must turn in a Typed Roster with ALL of their player release forms attached. All forms must have parental signature.

Player Name: _____ Team/School: _____

Coach Name: _____

Name of Contact: _____ Age: _____

Address: _____ City/Zip: _____

Phone Home: _____ Phone Cell: _____

I consent to my child's participation in the Youth Passing League and assume the risks involved. I understand that the fee does not include a premium insurance against medical costs or damage due to accident or injury to my child in the program. I authorize the camp representative to act on my behalf during activities.

Parent Signature _____ Date _____

Print Name _____