



# Skokie Park District Tackle Football



## Gathering fall teams for grades 4-8

Play in the Central Suburban Youth Tackle Football League

**August 31 deadline approaching!**

### Registration

through August 31, 2016  
at [www.skokieparks.org](http://www.skokieparks.org)

Circle code(s)

#### Grades 4, 5 & 6 Weight Classes

##### Fly Weight

4th Grade - 100 lbs. or less / Register # **850631-01**  
5th Grade - 100 lbs. or less / Register # **850631-02**  
6th Grade - 90 lbs. or less / Register # **850631-02**  
*No weight restrictions for ball carriers in this class*

##### Middle Weight

5th Grade - 100 lbs. and up / Register # **850631-03**  
6th Grade - 90 lbs. and up / Register # **850631-03**  
*The maximum weight for ball carriers is 115 lbs.*

#### Grades 7 & 8 Weight Classes

##### Light Weight

7th Grade - 140 lbs. or less / Register # **850631-04**  
8th Grade - 130 lbs. or less / Register # **850631-04**  
*The maximum weight for ball carrier is 115 lbs.*

##### Heavy Weight

7th Grade - 140 lbs. and up / Register # **850631-05**  
8th Grade - 130 lbs. and up / Register # **850631-05**  
*The maximum weight for ball carrier is 150 lbs.*

#### Fees

- Cost for the season is \$225. Non-District 219 resident \$280.  
Discount: \$450 maximum for families that sign up multiple children.
- Pay on-line or make checks payable to: "Skokie Park District"
- Mail/drop fees/forms to: Bob DeLeonardis, Skokie Park District, Weber Leisure Center, 9300 Weber Park Place, Skokie, IL 60077

#### Practice Schedule

- Helmet distribution, drills practice and registration August 15<sup>th</sup> or 16<sup>th</sup>; 5:30 – 7:00pm, Niles West High School practice field. **ALL PARTICIPANTS REGISTERED BY AUGUST 17<sup>TH</sup> RECEIVE "FREE" FOOTBALL SHIRT.**
- Helmets only practice begins Wed., August 17<sup>th</sup> at Niles West, 5:30-7pm, through Fri., August 19<sup>th</sup>.
- Equipment distribution will occur during practices on August 18<sup>th</sup> and 19<sup>th</sup>. Check website for details. Athlete must be present
- Pre-Season practices will go from 5:00PM-7:00PM, tentatively, Monday – Friday, starting August 22 to Sept., 1st.
- Regular season practices start Sept., 7<sup>th</sup>

#### Game Schedule

- All games will be on Sundays. Games will begin on September 11<sup>th</sup> and go through November 6th.
- All games are scheduled between 12:00-6:00 p.m.



# Skokie Park District Tackle Football Registration Form

## ATHLETE INFORMATION

Name \_\_\_\_\_ Weight \_\_\_\_\_ Date of birth \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
School \_\_\_\_\_ Grade in fall of 2016 \_\_\_\_\_ Parent/Guardian Names \_\_\_\_\_  
Parent/Guardian E-Mail \_\_\_\_\_

## PARENT/GUARDIAN PERMIT

I, the undersigned parent or legal guardian, have discussed the policies required for participation in the Skokie Park District Tackle Football program. My son/daughter has my complete support and permission to practice and compete in this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## LIABILITY & INSURANCE WAIVER

I, the undersigned parent or legal guardian, do acknowledge, understand, and agree that in participating in this program, there is a possibility of physical illness or injury and that my child is assuming the risk of such injury in his/her participation.

In consideration of the above, I do hereby consent and agree to release, indemnify, and hold harmless the Skokie Park District, its' officials, coaches, managers, and representatives from any claims and liability of any kind or nature which may arise at any time of or in connection with the Skokie Park District.

Furthermore, I understand that my personal medical coverage is a requirement for my child to participate in the program. In order for my child to participate in this program, the Skokie Park District will purchase supplemental medical insurance for each participant, and that this insurance will only supplement my own medical insurance coverage. I understand and agree that all bills for medical care and treatment will be forwarded to my insurance company and I assume all responsibility for injuries my child may receive while going to, returning from, or participating in this program.

Finally, I agree that my child will be my responsibility at the conclusion of each practice session, and the coaching staff is not responsible to chaperon/supervise after practice ends, except when notified of any emergency.

My child is covered by the following existing medical health insurance policy:

Name of company: \_\_\_\_\_ Address of company: \_\_\_\_\_

Medical Insurance Policy #: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY SERVICE AUTHORIZATION

I, the undersigned parent or legal guardian do hereby authorize the officials, coaches, or representatives of the Skokie Park District Tackle Football program to obtain emergency medical treatment for any illness or injury while participating in this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY NOTIFICATION INFORMATION

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name #1 \_\_\_\_\_ Phone \_\_\_\_\_ Name #2 \_\_\_\_\_ Phone \_\_\_\_\_

## PARENT QUESTIONS & RESPONSIBILITIES

Are you interested in coaching in this Program? (Circle) Yes or No

Are you interested in volunteering for this Program? (Circle) Yes or No

I understand that if I do not return all of the equipment provided, then I am responsible for a \$150 equipment fee, payable at the end of the season.

Yes, please initial here: \_\_\_\_\_

## DOCTORS PERMIT

I find this student free of any contagious disease and physically fit to participate in the Skokie Park District Tackle Football program. Any pre-existing condition or use of medications that could affect this child while playing youth football MUST be listed below. This information will remain private and is necessary in case emergency medical treatment is needed.

Doctor Signature \_\_\_\_\_, M.D. Date \_\_\_\_\_

