



Nordonia Twinsburg Youth FOOTBALL & Cheerleading



Mark Your Calendar Now! 2014 Season!



Early Registration at the Twinsburg and Macedonia Fitness Centers at the following times:

Macedonia: Tuesday, April 29, 2014 & Tuesday, May 13, 2014 6:00 – 8:00 PM

Twinsburg: Wednesday, April 30, 2014 & Wednesday, May 14, 2014 6:00 – 8:00 PM

Player eligibility is based on age and birthdate as of August 1st

<p>Pee Wee League</p> <p>Ages 7-8 years 45-90 lbs</p> <p>Emphasis on technique & fundamentals.</p> <p>Registration Fee: \$190</p> <p>Includes raffle tickets</p>	<p>Lower League Players</p> <p>Ages 9-10 years Up to 120 lbs.</p> <p>Registration Fee: \$190</p> <p>Includes raffle tickets</p>	<p>2014 League Raffle</p> <p>Every registered player and cheerleader is automatically entered into a league raffle!</p> <p>Top prize: \$350 2nd prize: \$200 3rd prize: \$100 4th prize: \$100</p>	<p>Upper League Players</p> <p>Ages 11-13 years Up to 140 lbs. 11-12 yrs. Up to 120 lbs. 13 years up to 8th grade</p> <p>Registration Fee: \$190</p> <p>Includes raffle tickets</p>	<p>Cheerleaders</p> <p>Ages 6-14 years</p> <p>6 yrs – Instructional 7-14 yrs – Upper and Lower Leagues</p> <p>Cheerleaders will be placed on same team as football brother.</p> <p>Registration Fee: \$80</p> <p>Includes raffle tickets</p>
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*Skill Development*Physical Preparation & Conditioning*Competition & Teamwork *NYSCA Certified Coaches



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NTYF ~ 53 years experience

“Supporting Better Sports For Kids...Better Kids For Life.” NYSCA



League Use Only	
Rookie: _____	RP: _____
Age: _____	Weight: _____

Football League Registration

0 Pee Wee 0 Lower 0 Upper

Player's Name: _____ **Home Phone:** _____

(Please Print) Is hereby granted registration for one year in the NTYF Program which may revoked for due cause at any time.

Birth Date: _____ **Cell Phone:** _____ **Email:** _____

Cell Phone: _____ **Email:** _____

Verification of birth date by Birth Certificate, Baptismal Record, Hospital Certificate, Mother's Notice

Mother's Name: _____ **Father's Name:** _____

Address: _____ **City:** _____

School District: **Nordonia** _____ **Twinsburg** _____ **Other** _____

A non-residence fee of \$30 will be added for any player not attending Nordonia or Twinsburg School Districts.

How many years in the NTYF? _____

Grade _____

Instructional, Lower and Upper leagues combined.

The grade they will be entering this year.

Do parents carry hospitalization? **Yes** _____ **No** _____

Nordonia Twinsburg Youth Football provides excess coverage medical insurance only. This insurance provides coverage for any injuries resulting from activities associated with the football program after coverage of the above named child is provided by individual or group plans that parents or guardians carry on the child.

Waiver Form

I, we, the parent, or parents of the above named child, who is a candidate for a position on a Nordonia Twinsburg Youth Football League, hereby give my, our, approval to his/her participation in any and all of the activities of the Nordonia Twinsburg Youth Football League during the current season. I, we, assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I, we, do further hereby release, absolve, indemnify, and hold harmless the Nordonia Twinsburg Youth Football League, the organizers, sponsors, and supervisors, any or all of them. In case of injury to my, our, child I, we hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed by them. I, we, likewise release from responsibility any person transporting my, our, child to or from the activities.

Failure to return equipment at the end of the season will result in a \$250 fee.

Player's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

Please make checks out to NTYF. There will be a \$35 fee for any returned checks.

Parents DO NOT complete this section. For League use only.

Date: _____ **Weight:** _____ **Age:** _____ **Date of Birth:** _____ **Approved for Play:** _____

EMA Received: _____ **EMA Restrictions/Allergies:** _____

Amount Received: _____ **Cash** _____ **Check #** _____ **Date:** _____



Top Size: (please)

Youth Sizes: XS S M L

Adult Sizes: S M L XL

Skirt Size: _____

Upper L. Lower L. Pee Wee

Previous Team: _____

Team Requested: _____

Brother's Name: _____

Cheerleading Registration

Cheerleader's Name: _____ **Home Phone:** _____

(Please Print) Is hereby granted registration for one year in the NTYF Program which may revoked for due cause at any time.

Birth Date: _____ **Cell Phone:** _____ **Email:** _____

Cell Phone: _____ **Email:** _____

Verification of birth date by Birth Certificate, Baptismal Record, Hospital Certificate, Mother's Notice

Mother's Name: _____ **Father's Name:** _____

Address: _____ **City:** _____

School District: Nordonia _____ Twinsburg _____ Other _____

A non-residence fee of \$30 will be added for any player not attending Nordonia or Twinsburg School Districts.

How many years in the NTYF? _____ **Grade** _____

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The grade they will be entering this year.

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Waiver Form

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