



## Cumberland Youth Football 2019 Registration Form

### Information:

The Cumberland Youth Football tradition will continue again this season for any child entering 4th grade to 8th grade in the fall. Cumberland Youth Football is part of the Little Illini JFL Conference.

This conference is comprised of teams from Clinton, Tolono-Unity, Monticello, Maroa-Forsyth, Decatur Catholic, Arthur-Lovington-Atwood-Hammond, Shelbyville, Tuscola, Sangamon Valley, Sullivan-Okaw Valley, Warrensburg-Latham, Cerro Gordo-Bement, Arcola, Central A&M, Villa Grove, Argenta-Oreana, Meridian, Nokomis, Pawnee, Tri-County (Kansas-Oakland-Shiloh) and Kincaid-South Fork. The Little Illini JFL Conference is broken down into the follows divisions and subdivisions (4 divisions for each age group):

<ul style="list-style-type: none"><li>• Orange Division<ul style="list-style-type: none"><li>○ Heavyweights (7<sup>th</sup>-8<sup>th</sup>)<ul style="list-style-type: none"><li>▪ BIG</li><li>▪ SMALL</li></ul></li><li>○ Lightweight (4<sup>th</sup>-5<sup>th</sup>-6<sup>th</sup>)<ul style="list-style-type: none"><li>▪ BIG</li><li>▪ SMALL</li></ul></li></ul></li></ul>	<ul style="list-style-type: none"><li>• Blue Division<ul style="list-style-type: none"><li>○ Heavyweights (7<sup>th</sup>-8<sup>th</sup>)<ul style="list-style-type: none"><li>▪ BIG</li><li>▪ SMALL</li></ul></li><li>○ Lightweight (4<sup>th</sup>-5<sup>th</sup>-6<sup>th</sup>)<ul style="list-style-type: none"><li>▪ BIG</li><li>▪ SMALL</li></ul></li></ul></li></ul>
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Football practices are determined by the coaches at each level. Games are on Saturdays. The focus of youth football is for every player to play during a game. Coaches are instructed to teach the young football players how to throw a football, run with a football, block, tackle and learn the rules of football in order to facilitate their progression towards high school football.

### Registration Information:

Registration Fee = \$75.00

### Volunteers:

Parents will be required to volunteer to work a shift at a home game during the player registration. Lack of fulfilling those duties could result in loss of playing time for their athlete. We need all individuals working together to make each and every season successful.

### Registration Sessions for Lightweights (4<sup>th</sup>-5<sup>th</sup>-6<sup>th</sup>) and Heavyweights (7<sup>th</sup>-8<sup>th</sup>):

- Tuesday, May 21st, 7-8 in the Cumberland School Cafeteria
- Wednesday, May 22nd, 7-8 in the Cumberland School Cafeteria
- Thursday, May 23rd, 7-8 in the Cumberland School Cafeteria

**Questions:**

If you have questions or have any interest in becoming a future board member, please contact one of the following Cumberland Youth Football Board Members:

President	Josh McElravy	jmcElravy@laborers159.com	217- 821-2696
Vice President	Tom McGinnis	mctom56@yahoo.com	217-254-0377
Treasure	Kenny Keyser	keyser34@live.com	217-821-8784
Secretary	Missie Briggs	missiebriggs@gmail.com	217-259-6460
Board Member	Erica Thornton	gwolv@yahoo.com	217-259-5954
Board Member	Rayna McElravy	mcelravy3@yahoo.com	217-821-9143
Board Member	Mitch Dukeman	suzukiman1127@yahoo.com	217-273-3855

**Player Information:**

Name of Player \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age on Sept 1st 2019: \_\_\_\_\_

Grade Fall 2019: \_\_\_\_\_ Gender: Male or Female

Food or Drug Allergies: \_\_\_\_\_

Relevant Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_

**Parent Information: (Please specify who player lives with if two sets of parents are involved) This is for emergency contact purposes.**

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

If address is the same as father, just put same.

Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Email and phone numbers will be used for contact between coach and parents. Please provide clearly the emails and phone numbers of those you want on the contact list.

Email: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

Contact and Emergency Phone Numbers: Circle one or both for C-Contact or E-Emergency

C or E \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

C or E \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

C or E \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

C or E \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

**Interested in coaching (circle one):** Yes    No

All individuals interesting in coaching must fill out a Coach's application. This application can be found on the Cumberland Youth Football website under JFL Forms.

**Consent of Parent or Guardian**

I/We, the undersigned parent or legal guardian, do hereby verify the information in this registration form and consent to the participation of my/our child in this activity.

I/We agree to furnish the birth certificate and a recent physical for the above named child. Upon doing so your child will be allowed to participate in Cumberland Youth Football activities.

I/We agree to follow all rules and regulations, and Code of Conduct documents. I (We) understand that shall we not follow all documents including, but not limited to, parent participation it could result in Athlete reduced playing time.

I/We agree to accept responsibility for the equipment issued to my child and further agree to pay \$400.00 to the Cumberland Youth Football in the event that the equipment is not returned when requested. Shall any participant/family have an outstanding balance from the previous year, it must be paid before player registration for the following year.

I/We understand that neither the Cumberland Youth Football nor any of its commissioners, officers, program directors nor sponsors assume responsibility for any injury or damage to person or property resulting from an incident occurring during conduct of Cumberland Youth Football including games, practices, clinics and other related activities and events.

In case of emergency, I/we hereby consent to medical treatment for my/our child and authorize any member of Cumberland Youth Football to sign necessary papers and documents authorizing hospitals and physicians to proceed to render medical care.

I/We prefer \_\_\_\_\_ Hospital.

Child's Physician \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date