



2011 SEASON



PEE WEE FOOTBALL LEAGUE OF PUERTO RICO, INC.

KEEP FOR REFERENCE

Instructions for Registration form. Please read carefully. Fill out form completely, legibly and correctly (previous players MUST Register) and bring it to the weigh-in. DO NOT MAIL. Remove these instructions and keep for your records.

REGISTRATION DURING WEIGH-INS.

1. A parent or guardian must be present to duly register a player.

2. BRING FILL OUT REGISTRATION FORM.

3. PROOF OF AGE

Proof of age is required for all participants even if played previous years and regardless of previous experience. The league will ONLY accept **original birth certificate or passport**. Must bring original and a copy. Original will be returned.

4. MEDICAL CERTIFICATE

The medical certificate must be filled out and signed by a licensed physician and must be dated after August 15, 2010.

5. INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED.

Please check and see if you have the following items:

- ✓ Registration Form ✓ One recent photo 2 x 2
- ✓ Medical Form ✓ Proof of Age (**original**)
- ✓ Registration fee (**non refundable**) \$100.00

PEE WEE DIVISIONS:

		Born Year
C Division -	8 yrs no limit, 9 yrs. no limit	2002, 2001
	10 yrs up to 105 lbs.	2000
	11 yrs up to 80 lbs.	1999
B Division -	10 yrs no limit, 11 yrs. no limit	2000, 1999
	12 yrs up to 130 lbs.	1998
	13 yrs up to 105 lbs.	1997
A Division -	12 yrs no limit, 13 yrs. no limit	1998, 1997
	14 yrs up to 150 lbs.	1996
	15 yrs up to 125 lbs.	1995
AA Division -	14 yrs no limit	1996
	15 yrs over 125 lbs. up to 200 lbs.	1995
	16 yrs up to 200 lbs.	1994

(Table revised October, 2010)

ALL NEW PLAYERS WILL NOT BE COVERED BY THE INSURANCE UNTIL THE FIRST OFFICIAL REGISTRATION IS HELD.

6. REGISTRATION SCHEDULE

Pick up and fill out registration form. A parent or guardian must be present with the player and bring completed form to one of the weigh-ins. Coaches will notify you of team and practice area.

FIRST GAME - SATURDAY, FEBRUARY 5, 2011 AT CIUDAD DEPORTIVA ROBERTO CLEMENTE

7. MOST GAMES WILL BE PLAYED AT CIUDAD DEPORTIVA ROBERTO CLEMENTE, CAROLINA.

8. REGISTRATION FEE

\$100.00 Registration Fee includes jersey and medical insurance for Pee Wee Football related accidents as provided in the leagues group policy. **The insurance will apply only as excess insurance beyond any other valid and collectable insurance which would apply only in the absence of this policy.** There will be a late fee charge after the last official weigh-in. After December 18, 2010, the registration fee will be \$125.00 and after January 29, 2011 registration fee will be \$150.00.

9. PRACTICE SESSIONS

Practice sessions are usually 4-6 P.M., 3 to 4 days weekly except for "AA" which is longer.

THE ONLY OFFICIAL WEIGH-INS WILL BE:

**SATURDAYS
December 4, 11 & 18, 2010
AT
CIUDAD DEPORTIVA ROBERTO CLEMENTE
FROM 10:00 AM TILL 1 PM**

10. Bathing suit or equivalent attire required. First weigh-ins are official. All children must be weighed by the League Commissioner.

11. NO TRANSPORTATION WILL BE PROVIDED BY THE LEAGUE.

PLEASE CALL FOR AREA INFORMATION:

- Alex Menda - President (Parkville) _____ 787-594-9922
- Marilú Castiel - Vice-President (Baldrich) ___ 787-398-9301
- Mike Vizcarrondo - Treasurer (P. Central) ___ 787-553-6545
- Eva López - Secretary (League) _____ 787-504-6371
- Dr. Ramón Bermúdez (University Gardens) _ 787-789-3733
- Carlos Rodriguez (Buchanan) _____ 787-244-6332
- William Rivera (University Gardens) _____ 787-638-3434
- Ginny Owens (Baldrich) _____ 787-245-5244
- Iván Castillo (Carolina) _____ 787-750-1810 · 787-379-0998
- José Rodríguez (Caguas) _____ 787-923-6779
- Frankie Quiles (Cataño) _____ 787-629-4956

PEE WEE FOOTBALL LEAGUE - 2011 REGISTRATION FORM

NAME (PLEASE PRINT) _____

LAST NAME (NOMBRE COMPLETO CON DOS APELLIDOS- LETRA MOLDE POR FAVOR) _____

PARENTAL CONSENT: As a parent or guardian of the applicant I give consent to him/her to participate in practice sessions and games of the Pee Wee Football League of Puerto Rico ("League" y/o Liga"), for the 2011 season. **Consentimiento:** *Como padre/madre o tutor doy consentimiento al solicitante para participar en las prácticas y juegos de la Liga para la temporada del 2011.*

initials _____

DISCLAIMER: Participation as a player in the Football program of the "League", is wholly voluntary. Football is a contact sport requiring strenuous physical activity, in which injuries occasionally occur despite the use of modern protective equipment and rule designed to reduce the incidence of such injuries. Therefore, each participant assumes the risk of injury, and the League its directors, members, officers, agents, and volunteer personnel make no warranties or representations whatsoever with regard to the incidence or absence of injuries arising from or related to the League's football program. Accordingly, neither the League nor its directors, members, agents or volunteer personnel assume responsibility and liability for damages that may or that actually do results from any such injuries. The League has in effect a limited insurance policy covering all of its registered players for medical/hospital expense (subject to deductible and limitations, if any) related to and resulting from any injury sustained in this football program. Said policy is available for examination upon request dully made to the League Registrar. **Relevo de responsabilidad:** *La participación en el programa de la "Liga" es completamente voluntaria. El fútbol es un deporte de contacto que requiere actividad intensa física en la cual ocasionalmente ocurren lesiones a pesar del uso de equipo protector moderno y de las reglas diseñadas para reducir la incidencia de tales lesiones. Por lo tanto, cada participante asume el riesgo de lesionarse; y la Liga, sus directores, miembros, oficiales, agentes y el personal voluntario no garantizan y/o aseguran la incidencia o ausencia de lesiones como resultado o relacionado con el programa de fútbol. Por consiguiente, ni la Liga ni sus directores, miembros, agentes o el personal voluntario asumen responsabilidad por los daños que puedan ocurrir o que ocurran con cualquier tipo de lesión. La Liga cuenta con una póliza de seguro que cubre a todos sus jugadores inscritos, limitada para gastos médico hospitalarios (sujetos a deducible y limitaciones, si alguna) relacionados a o resultando de cualquier lesión sostenida en este programa de fútbol. Dicha póliza esta disponible para ser examinada y se solicita al Registrador de la Liga.*

initials _____

RELEASE AND WAIVER: I have read and understood the foregoing DISCLAIMER. In recognition and acknowledgment thereof, I hereby assume all risks with regard to the minor and his/her participation in the league's football program. I further release and shall hold harmless the League, its directors, members, officers, agents and volunteer personnel from any and all liability in connection with a football related injury to said minor, and forever do expressly waive the right to seek redress from, or institute legal proceedings against them, individually or collectively for any football injury-related cause of action. **Relevo y Renuncia:** *He leído y entiendo el párrafo anterior, en el relevo de responsabilidad (disclaimer). Reconozco, acepto y asumo todo riesgo relacionado al menor y su participación en el programa de fútbol de la Liga. Aun más, relevo y eximo de responsabilidad a la Liga, sus directores, miembros, oficiales, agentes y personal voluntario dejándolos exentos de cualquier responsabilidad relacionada con una lesión relacionada con el fútbol, y por siempre relevo el derecho de solicitar o emprender una acción legal por cualquier lesión relacionada con el fútbol en contra de ellos, iindividual o colectivamente.*

initials _____

PARENTAL PERMISSION: I hereby authorize the representative of the PEE WEE FOOTBALL LEAGUE OF PUERTO RICO, INC. to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the League from any and all liability incurred due to accidental injuries sustained while participating in League activities. **Permiso:** *Autorizo al representante de la Liga a actuar según su mejor criterio en cualquier emergencia que el solicitante requiera atención médica. Relevo a la Liga de cualquier responsabilidad debido a cualquier lesión accidental sostenida mientras participa en las actividades de la Liga.*

initials _____

YOUR CHILD WILL NOT BE ADMITTED TO PRACTICE WITHOUT THE BELOW INSURANCE FACTS COMPLETED IN FULL.

INSURANCE INFORMATION. - ALL NEW PLAYERS WILL NOT BE COVERED BY THE INSURANCE UNTIL THE FIRST REGISTRATION DATE ON DECEMBER, 2010.

Pee Wee Football de Puerto Rico, Inc. provides accident insurance coverage for all participants in League activities. This coverage is provided on an excess only; in other words, benefits payable under your own and or family's insurance plans or pre-paid health plans must be utilized first. If your family has no medical coverage in force, either personally or through a parent's or guardian's employer at this time our policy will provide coverage. The intent is to provide adequate coverage without duplicating payments. You must list below the information requested regarding all your and/or your family's present medical insurance coverage. *La Liga provee cubierta de seguro accidental para los participantes en las actividades de la Liga. La cubierta se provee en exceso, en otras palabras, se debe utilizar su plan médico como plan primario. Si no tiene plan médico personal o familiar nuestra póliza proveera la cubierta, Se intenta proveer cubierta adecuada sin duplicidad de pagos. Debe incluir todos sus planes médicos.*

initials _____

Insurance Company _____, Policy No. _____

At the present time my son is not covered by any type of medical insurance or pre-paid health plan. If you have no medical insurance or pre-paid health coverage in force at this time, please sign the following statement. Al presente mi hijo no tiene cubierta de plan médico o seguro médico pre-pagado.

PARENT'S SIGNATURE _____

SIGN IF YOU UNDERSTAND ALL THE ABOVE STATEMENTS. FIRMAR SI ENTIENDE TODOS LOS PÁRRAFOS ANTERIORES

PARENT'S SIGNATURE _____ PLAYER'S SIGNATURE _____

DATE _____

PLEASE DO NOT WRITE, FOR BOARD MEMBERS ONLY

5 INITIALS AND SIGNEDX2

PROOF OF AGE: Birth Certificate Passport Medical Certificate Photo OFFICIAL WEIGHT _____

REGISTRATION FEE: Late fee Cash _____ Check # _____ Bank _____ amount _____

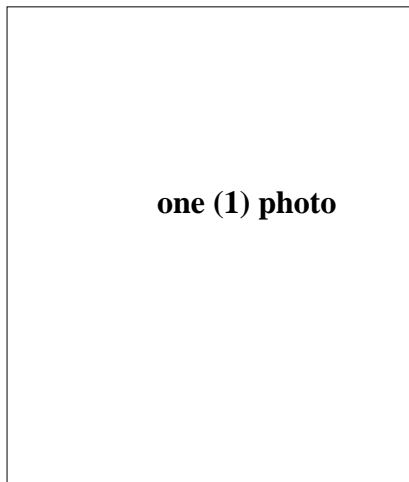
DATE _____ Registered by _____ Paypal AMEX VISA Mastercard ATH

Table revised October, 2010.

confirmation # _____

amount _____

	weight	Year of Birth
C Division -	_____ 8 yrs no limit	2002
	_____ 9 yrs. no limit	2001
	_____ 10 yrs up to 105 lbs.	2000
	_____ 11 yrs up to 80 lbs.	1999
B Division -	_____ 10 yrs over 105 lbs up to no limit	2000
	_____ 11 yrs over 80 lbs up to no limit ...	1999
	_____ 12 yrs up to 130 lbs.	1998
	_____ 13 yrs up to 105 lbs.	1997
A Division -	_____ 12 yrs over 130 lbs. up to no limit	1998
	_____ 13 yrs. over 105 lbs. up to no limit	1997
	_____ 14 yrs up to 150 lbs.	1996
	_____ 15 yrs up to 125 lbs.	1995
AA Division -	_____ 14 yrs over 150 up to no limit	1996
	_____ 15 yrs over 125 up to 200 lbs.	1995
	_____ 16 yrs up to 200 lbs.	1994



Player's Name _____ Player's celular _____

Mailing Address _____ city _____ zip code _____

Home Address _____

Home Tel. _____ Player's School _____ Age as of Jan. 1, 2011 _____

Mother's Name _____ Company & position _____ Office Tel. _____

Father's Name _____ Company & position _____ Office tel. _____

Mother's home phone _____ Father's home phone _____ email _____

Mother's cel. _____ Father's cel _____ other cel _____

Call me for **TEAM MOTHER** **TEAM FATHER** **TEAM DOCTOR**

Recruited by _____ Are of Choice #1 _____ #2 _____

Have you played Pee Wee Football in Puerto Rico? Yes No How long? _____

Team last year _____ Child's Birthdate: Month _____ Day _____ Year _____

Have you had any organized football experience other than P.R. Pee Wee football? Yes No

If yes, explain _____

I authorize the League to use my mailing address to send information concerning football camps and/or football related material.

I authorize the League to use my child's photo for promotional purposes.

MEDICAL CERTIFICATE

I, _____, duly licensed to practice medicine in Puerto Rico, certify that I have examined _____ and find him physical fit to play football.

Date _____ Signature _____ License No. _____

**NOTE: FALSIFYING INFORMATION ON THIS FORM WILL LEAD TO LEGAL REPERCUSSIONS
MEDICAL CERTIFICATE MUST BE DATED AFTER AUGUST 15, 2010.**