

**Sioux Center Youth Padded Football**  
**Registration & Fitting**  
**May 14 & 15 5:30 – 6:30pm**  
**Sioux Center Intermediate School Commons**  
**Students entering the 5<sup>th</sup> & 6<sup>th</sup> grade (Fall 2025)**  
**Cost: \$75**

NOTICE: Please bring your son/daughter to fit him/her with a helmet, shoulder pads, & pants. Please have them in appropriate attire to fit on pads. Also bring the completed registration form and payment. No one will be registered until forms are complete and payment is made in full.

**Medical Information: Please PRINT all information.**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

List any allergies: \_\_\_\_\_

Insurance Co. Name & Number: \_\_\_\_\_

Person to contact in case of emergency:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

I, \_\_\_\_\_, as parent/guardian of the above participant, certify that the above participant is both physically and mentally able to play in the Sioux Center Youth Football league and has health insurance and will have coverage through the duration of the Sioux Center Youth Football season. I also hereby give my permission to any emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or wellbeing of my dependent.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_ Player's Birth Date: \_\_\_\_\_

Names of both Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parents' E-mail Address: \_\_\_\_\_ Parents' Contact #: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade (Fall 2024): 5th \_\_\_\_\_ 6th \_\_\_\_\_

**PLEASE COMPLETE BACK OF FORM**

Date: \_\_\_\_\_  
Paid: Cash \_\_\_\_\_ Check # \_\_\_\_\_  
Rec'd by: \_\_\_\_\_

## Parental Authorization

We, the parents of the above-named player of the Sioux Center team, hereby give our approval for participation in any football activities during the current season. We assume all risks and hazards incidental to such participation including transportation to and from the activities, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Sioux Center youth football, their organizers, officials, coaches, sponsors, supervisors, participants, and persons transporting our child, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

We, the parents, agree to be financially responsible for proper maintenance and return of the football equipment and uniform. If not returned at the end of the season, replacement costs for uniform will be paid by the signee. Participants must furnish shoes. Helmet, game jersey, shoulder pads, pants and mouthpiece will be issued Sioux Center youth football.

Consent for Medical Treatment: As the parent/guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or wellbeing of my dependent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteers are always NEEDED and GREATLY APPRECIATED.** Please indicate area of service you would like to be involved in: \_\_\_\_\_ Chain Crew \_\_\_\_\_ Score Board/Clock

Fees are collected to provide insurance, equipment, officials, fields and various administrative costs.

**Equipment:** I understand that I am responsible for all issued equipment, the upkeep while in my child's possession, and will return of such equipment at the end of the 2024 season. I understand that I will be charged an additional fee if issued equipment is not returned in satisfactory condition.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide payment along with your completed registration form. **Please make checks payable to SC Youth Football.**

Helmet: \_\_\_\_\_ Shoulder Pads: \_\_\_\_\_ Pants: \_\_\_\_\_

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## Additional Information:

### 5<sup>th</sup>/6<sup>th</sup> Grade

- Practice will begin around August 11. Practices are every Monday & Thursday night from 6:00 - 7:30 p.m. at the youth soccer fields behind the preschool building.
- 5<sup>th</sup>/6<sup>th</sup> graders practice and play together.
- Games are on Saturdays against teams from Hawarden, Remsen & LeMars
- We try our best to ensure equal playing time for players; our goal is for the kids to have a positive experience learning how to play football and being part of a team. We split the teams as evenly as we can after one practice.

(3<sup>rd</sup>/4<sup>th</sup> grade students are invited to participate in flag football organized by Sioux Center Recreation)

**The majority of our communication is by email throughout the season.**

Please also follow our Facebook page – Sioux Center Titans Football.

If you have any questions, contact [siouxcenteryouthfootball@gmail.com](mailto:siouxcenteryouthfootball@gmail.com).