



**Welcome to the 2012 Connecticut Winter Indoor Football League!**

### **7-vs-7 YOUTH PASSING LEAGUE**

The Connecticut Winter Indoor Football 7-vs-7 YOUTH PASSING League is a unique opportunity for our young football players in 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> grades as well as their coaches to work on developing important fundamentals, both individually and collectively as a team. The format of the game is non-contact seven (7) players versus seven (7). See our "Passing League Rules" for the specific policies and rules of the 7-vs-7 format.

The Winter Football Season will consist of seven (7) weeks of development including:

- 7-weeks of regular season games (each week will consist of a three-team rotation)

All games will be played on Sundays (except the last week due to Easter which will be played on Saturday April 7th), February 26<sup>th</sup> – April 7<sup>th</sup> at The Sports Zone in Trumbull, CT between the hours of 5-7pm. The cost of the 7-vs-7 Passing League is \$125 per player.

Our Passing League is grade-based and organized by grade-specific divisions. Divisions are subject to change based on participation. Teams must consist of a minimum of 12 players.

Please don't hesitate to contact us about our Connecticut Indoor Winter Football League or the Connecticut Speed School at [info@ctspeedschool.com](mailto:info@ctspeedschool.com) or 203-298-4277. The Connecticut Speed School is committed to putting today's youth in positions to be successful!





## REGISTRATION INFORMATION

Players can register for our YOUTH PASSING LEAGUE one of two ways—

1. Complete and mail your individual registration form, waiver form and payment directly to the Connecticut Speed School, 2 Country Club Close, Orange, CT 06477.
2. Complete and submit your individual registration form, waiver form and payment directly to your passing league coach.

Each passing league coach will determine and inform their players which registration process he prefers.

### Important Dates

January 1 <sup>st</sup> – January 15 <sup>th</sup> :	Registration Period
February 26 <sup>th</sup> :	First Week of Games (5:00 – 7:00pm)
March 4 <sup>th</sup> – April 1 <sup>th</sup> :	Remaining Regular Season Games (5:00 – 7:00pm)
April 7 <sup>th</sup> (Saturday):	Last week of games, which will be played on Saturday due to Easter

### Registration Forms Needed

To be completed by Player's Parent/ Guardian: Individual Registration Form & Consent Waiver & Release

Confirmation of Player Registration will occur when full payment of \$125 is received. Please make checks payable to "Connecticut Speed School". All forms and payments should be mailed to: Connecticut Speed School, 2 Country Club Close, Orange, CT 06477. Contact us at [info@ctspeedschool.com](mailto:info@ctspeedschool.com) or 203-298-4277 for additional information.



## INDIVIDUAL REGISTRATION FORM

Player's Name: \_\_\_\_\_ Current School Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

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

(Street)

(Town/City)

(Zip Code)

Best Contact Phone #'s: \_\_\_\_\_

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

Hometown Football Organization: \_\_\_\_\_

Name of Winter Football Coach: \_\_\_\_\_

Cost: \$125 Please make check payable to: "Connecticut Speed School"

Please complete and mail Registration Form & Consent & Waiver Release Form, along with Payment to: Connecticut Speed School, 2 Country Club Close, Orange, CT 06477

**WAIVER & RELEASE FORM**  
**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**  
**READ BEFORE SIGNING**

I give my approval and consent to the participation of \_\_\_\_\_ (child's name)  
in the Connecticut Speed School, LLC's (hereinafter referred to as "School") programs, events and activities, the undersigned acknowledges,  
appreciates and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, MY CHILD'S LEGAL GUARDIAN AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the School's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/ or in the School itself, I will remove my child from the participation and bring such attention of the nearest School official immediately; and,
4. I myself, my spouse, my child's legal guardian, my child, and on behalf of my/ our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the School and their respective officers, affiliates, agents, representatives, successors, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in the School's programs, events and activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, legal guardian, my child, and on behalf of my/ our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in the School, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law; and,
6. I certify that my child is physically fit to take part in all School programs, events and activities; and,
7. I pledge my child's compliance to any and all School rules and understand that my child could be dismissed from the School's programs, events and/or activities for any conduct not in the best interests of the School and that no part of my child's registration fee will be refunded; and,
8. I authorize any medical evaluation or treatment of my child that may be advised or recommended by the attending physician or emergency medical personnel while participating in the School's programs, events and activities.

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Print Name Clearly)

Date Signed: \_\_\_\_\_

Please list any allergies and/ or medical conditions, including those requiring maintenance of medication (i.e. bee stings, diabetes, asthma, seizure disorders). The purpose of this information is to ensure that medical personnel have timely and accurate pre-existing medical condition information which may interfere with or alter treatment.

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