



REGISTRATION FORM

PLEASE WRITE CLEARLY

MAIL THIS FORM, ROSTER, HOTEL INFORMATION FORM AND CHECK TO:

**BILLS YOUTH ASSOCIATION
3700 HEMINGWAY DRIVE
CHATTANOOGA, TENNESSEE 37406**

TEAM ASSOCIATION _____ AGE _____

TRIP CONTACT NAME _____

PHONE HOME _____ CELL# _____ *E-MAIL _____

MY TEAM WILL ARRIVE: _____ THURSDAY NIGHT _____ FRIDAY MORNING

(WE MUST HAVE AN EMAIL ADDRESS TO SEND INFORMATION REGARDING THE BOWL GAMES)

COACH INFORMATION

TEAM NAME _____

HEAD COACH NAME _____

COACH ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL# _____

*E-MAIL _____

(WE MUST HAVE AN EMAIL ADDRESS TO SEND INFORMATION REGARDING THE BOWL GAMES)

AGE GROUP: 5U 6U 7U 8U 9U 10U 11/U 12U
(CIRCLE ONE)

DATE: _____

NOTE:
REGISTER BEFORE OCTOBER 9, 2023 AND SAVE \$50. DISCOUNTS FOR MULTIPLE TEAMS

REGISTRATION

Thanksgiving Night from 7:00 PM to 9:00 PM and Friday morning at 8:00 AM to 1:00PM. **The registration location will be included in your registration confirmation.** Games start at 9:30 AM. We highly recommend arriving Thursday night.

FOR BYA USE ONLY

Date Registration Fee Received: _____ **Date Registration Forms Received** _____

HOTEL INFORMATION FORM

This form is required for all teams that stay overnight

(Please include everyone that is traveling with the team – parents, grandparents, relatives, etc. rooms)

Team Name _____ Age Group _____

Hotel Name _____

Address _____

Date Check-In _____ Date Check-Out _____ Number of rooms _____

HOTEL ROOM RATE PER DAY _____

Was the reservation staff courteous to you when making your reservations? ____Y ____N

Comments: _____

Contact Person's Name who is staying in the hotel _____

Contact Person's Cell number _____

Please mail or bring this form with you. Remember to include everyone in the number of rooms count. (Parents, Grandparents, other relatives and friends).

CHOO CHOO BOWL ROSTER

TEAM NAME: _____

AGE: _____

COACHES NAMES: _____

(All coaches must be listed on the roster prior to arrival)

List in Numerical order with weight

Number	Position	Name	Date of Birth	Weight

Will the team bring cheerleaders? _____ Yes _____ No. If the answer is yes, how many cheerleaders: _____

Cheerleader Coach's Name: _____ Cell Number _____

Date: _____

TEAM WEIGHT LIMITS

5U/6U Divisions	U	85 lbs. Skilled Position	Defense is unlimited
7U Divisions	U	95 lbs. Skilled Position	Defense is unlimited
8U Divisions	U	110 lbs. Skilled Position	Defense is unlimited
9U Divisions	U	130 lbs. Skilled Position	Defense is unlimited
10U Divisions	U	140 lbs. Skilled Positions	Defense is unlimited
11U Divisions	U	155 lbs. Skilled Positions`	Defense is unlimited
12U Divisions	U	170 lbs. Skilled Positions	Defense is unlimited

Waiver Liability/Release Form

Bills Youth Association
Annual Choo Choo Bowl

Team Name: _____ Age Group: _____

Agreement, Release and Waiver of Liability Form

I understand that all athletic & recreational programs/activities involve some risk of accident and may result in serious injuries and that protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, indemnify and agree to hold harmless Annual Choo Choo Bowl, Bills Youth Association, City of Chattanooga, any school/facility that permit the Annual Choo Choo Bowl games and H.C.D.E. authorized agent(s) harmless from any liability, claims, demands and judgments arising at any time when I and/or my minor child participate(s) in any program activity.

I authorize The Bills Youth Association or its authorized agent(s) to act in my behalf, to authorize medical treatment to, upon, or for the benefit of myself and/or minor child, for any minor injuries which may occur from our participation in the Annual Choo Choo Bowl. I recognize that such treatment shall be my full responsibility. In the event of a more serious injury that may require emergency medical treatment, I authorize such personnel to see that myself and/or my minor child is transported to and treated at the nearest medical facility, with the related expenses being my full responsibility.

	First Name	Last Name	Parents Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Additional players, please complete an additional form with name and parent/guardian signatures.

As Coach of the above team, I do hereby state that the information above is accurate to the best of my knowledge

Coach Name: _____

Coach Signature: _____ Date: _____

Remember to make a copy of this and have parent sign both. You keep one and one you bring to registration. This document is required to complete the registration.