



Springfield Youth Football Association (SYFA)

1027 Raymil Rd, Holland, OH 43528

WWW.ETEAMZ.COM/LILBLUEDEVILS

AJHEU@BEX.NET

(419) 344-9483



SYFA Registration Form

1. Participants submitting Registration Forms after established registration dates *may result* in being placed on a waiting list.
2. Make checks payable to **Springfield Youth Football Association or SYFA**. \$50.00/child.
3. Registration form must be accompanied by check or cash—NO EXCEPTIONS! **NO CASH for Mail in Registrations!!**

CHEER PARTICIPANT INFORMATION – PRINT LEGIBLY

Player's Name (Last, First)		Phone	
Street Address		Fall 2009 Grade	
City/State/Zip		Fall 2009 School	
DOB (MM/DD/YY)		If in Middle School, what is the elementary school child attended?	
Age as of 8/30/09			

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Parent / Guardian 1 Full Name		Parent / Guardian 2 Full Name	
Relationship to Cheerleader		Relationship to Cheerleader	
Home Phone		Home Phone	
Cell / Alternate Phone		Cell / Alternate Phone	
Email Address		Email Address	
() I am interested in coaching if positions are available, please contact me			

MEDICAL INFORMATION

Physician / Doctor		Doctor's Phone	
Insurance Carrier		Policy Number	
*Medical History (Allergies, Medications, Special Conditions, etc.)			
*IMPORTANT NOTE: If the cheerleader is under medical care or is on prescribed medication that must be administered at practices and/or games (I.E. Asthma Inhaler), the prescription medicine must indicate your child's name and a note from his/her physician <i>MAY</i> be required.			

Acknowledgement

No Refunds All money is non-refundable. The only exception will be a refund of monies received by the SYFA as stated in the bylaws. Participants will not be issued equipment or be allowed to participate in the Springfield Youth Football Association program until full registration payment and all required paperwork is received. Equipment is the property of Springfield Youth Football Association and must be returned clean at the end of the season. I agree to pay the cost of any lost and/or intentionally abused equipment issued to my child or me by SYFA. **Any returned checks will be charged a returned check fee.**

Medication Authorization – Grant of Consent. I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at any responsible accessible medical facility.

Liability Waiver: Separate form must be read in full and signed by participant and parent/guardian, "Minor Waiver/Release RELEASE OF LIABILITY FOR MINOR PARTICIPANTS".

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

(Date)

Cheer Registration Fees (SYFA USE ONLY)

\$50 Due with Registration	Check No. or "CASH"	Amt Pd	Date Rec'd	Initials
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SPRINGFIELD YOUTH FOOTBALL ASSOCIATION



Minor Waiver/Release

READ BEFORE SIGNING

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

IN CONSIDERATION OF _____ my minor child/ward (“my child’), being allowed to participate in any way in the **SPRINGFIELD YOUTH FOOTBALL ASSOCIATION** program, related 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 the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, 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 program’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 program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, 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 these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, 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 these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE) (PRINT NAME) (Date)

CHILD/ PARTICIPANT UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for following rules and regulations, and accept them as a participant.

(CHILD / PARTICIPANT SIGNATURE) (PRINT NAME) (Date)

SPRINGFIELD YOUTH FOOTBALL ASSOCIATION



Player Code of Conduct:

"I will...

- Have fun!
- Be a good sport (win or lose), be honest, fair and always show good sportsmanship to my parents, coaches, players, officials and fans.
- Learn the value of commitment to the team.
- Put personal goals aside for the betterment of the team. There is no "I" in team.
- Show courtesy and respect to teammates, opponents, coaches and officials.
- Realize that athletic contests, including practice sessions are educational experiences and opportunities.
- Not engage in unsportsmanlike conduct.
- Not engage in rude behavior.
- Treat everyone, including coaches, parents, players, and officials, with respect regardless of race, creed, color, nationality, or sex."

(CHILD/ PARTICIPANT SIGNATURE)

(PRINT NAME)

(Date)

Parent Code of Conduct:

"I will...

- Give constructive criticism during a private moment, never in front of other parents, players, officials, spectators, etc.
- Support the coach(es), and refrain from excessive "sideline coaching".
- Refrain from using profanity.
- Abide by doctor's decision in all matters of players health and injuries, and physical ability to play.
- Accept the decisions of officials on the field as being fair and called to the best ability of the officials. I understand that parents MUST stay off the field and remain under control in order to set a good example for players and other spectators.
- Not criticize an opposing team, its players, fans, coaches or team, by words or gestures.
- Support the coaches, players and officials and help teach the value of commitment to the teams, sportsmanship, ethical conduct, and fair play.
- Understand that inappropriate behavior is cause for ejection from SYFA events. Repeat offenses may result in being barred from future games and SYFA sponsored activities.
- Not encourage my child(ren), or any other person, to engage in unsportsmanship conduct with any coach, parent, player, participants, officials or any other attendee."

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

(Date)