



TACKLE FOOTBALL REGISTRATION FORM

Players submitting Registration Forms after established registration dates *may result* in being placed on a waiting list. Make checks payable to **Springfield Youth Football Association or SYFA**. \$150.00/child, \$125.00 each additional child. \$25.00 late fee for registrations received after Aug 3, 2009. Registration form must be accompanied by check or cash.

PLAYER INFORMATION – PRINT LEGIBLY

LAST Name		FIRST Name	
Street Address		City/State/Zip	
*DOB (MM/DD/YY)		Phone	
*Age, as of 8/30/09		Fall 2009 Grade	
Approx Weight		Fall 2009 School	
Jersey # Request	1 st	2 nd	3 rd
If in Middle School, elementary school player attended?			
<i>*Age Limit : Player must be enrolled in grade 3-6; Player cannot turn 13 prior to Sept 1 of current season.</i>			

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Parent / Guardian 1 Full Name	Parent / Guardian 2 Full Name
Relationship to Player	Relationship to Player
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 player 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 [excluding the initial deposit] as stated in the bylaws. Players 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. Uniforms (with the exception of the game jersey) and equipment are 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)

Football Registration Fees (SYFA USE ONLY)

Initial Deposit - \$75 Due with Registration	Check No. or "CASH"	Amt Pd	Date Rec'd	Initials
Final payment - \$75	Check No. or "CASH"	Amt Pd	Date Rec'd	Initials

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)

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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

Participant 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 unsportmanship conduct with any coach, parent, player, participants, officials or any other attendee."

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

(Date)

SPRINGFIELD YOUTH FOOTBALL ASSOCIATION
DUE ON OR BEFORE 1ST DAY OF CONDITIONING / PRACTICE.

Child CANNOT participate until this form is turned in.

MAIL TO: SYFA, 1027 RAYMIL RD, HOLLAND, OH 43528



AMERICAN YOUTH FOOTBALL

Medical Clearance Form

ASSOCIATION NAME - Springfield Youth Football Assn.



Medical Clearance Form - Must be dated after January 1st of the Current Season

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs Name:) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

<p>Signature: _____</p> <p>Date: ____ / ____ / ____</p> <p>(Must be dated after January 1st, of the Current Season)</p>	<p>Please Print - or - Use Office Stamp Here:</p> <p>Print Name Clearly: _____</p> <p>Office Address: _____</p>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation."

POWERED BY:

This statement must be supplied by the physician attending to the injury, accident, or illness.

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.