

Lakewood Youth Football Athletic Association

Registration Check off Sheet

PLAYERS NAME: _____

DATE: _____ TIME: _____

Returning player? YES/NO

1. Registration Form completed and signed. _____

2. Medical History and Release form completed. _____

3. Academic code of conduct form completed. _____

4. Parent volunteer application _____

5. Parent background check – WSP form _____

6. Players code of conduct signed by parent/player. _____

7. Copy of Birth Certificate _____

\$200.00 Payment in full _____

Check # _____

Cash

Payment arrangements:



LAKWOOD YOUTH FOOTBALL ATHLETIC ASSOCIATION - REGISTRATION

LYFAA P.O. Box 388 Silvana WA 98287

CHECK DIVISION	PEEWEE AGE 6, 8 - 120 lbs max	MIDGETS AGE 9, 10 - 140 lbs max	JUNIORS AGE 11, 12 - 170 lbs max	SENIORS AGE 13, 14 - 215 lbs max
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Player (LAST/FIRST): _____
 DOB: _____ GRADE IN FALL: _____
 SCHOOL: _____
 ADDRESS: _____

Sept. 1st of every year shall be the participant's league age except for the Senior Division; No Senior player shall be 15 prior to Nov. 15th. No player enrolled as a Freshmen in High School or as a Home School (9th grader) will be allowed to participate.

PARENT/GUARDIAN: _____ HOME PHONE: _____
 E-MAIL ADDRESS: _____ CELL PHONE: _____
 PARENT/GUARDIAN: _____ HOME PHONE: _____
 E-MAIL ADDRESS: _____ CELL PHONE: _____

PARENTAL/GUARDIAN PERMISSION/ EQUIPMENT POLICY:

I/we, the parent(s)/guardian(s) of the above named participant, hereby give my/our approval for participation in any and all of the activities of the Lakewood Youth Football Athletic Association (LYFAA) during the current season. I/we assume all risks and hazards incidental to the conduct of any of the activities, transportation to and from such activities. I/we do further release, absolve indemnify and hold harmless LYFAA it's organizers, sponsors, directors and including supervisors, any and all of them. In case of injury to my/our child, I/we hereby waive all claims against the organizers, sponsors, directors or any of the supervisors appointed by them. I/we likewise waive, to the extent not covered by liability insurance, any claim against any persons transporting my/our child to or from activities. I/we assume full cost (\$350.00 - total) of all issued equipment if not returned, is altered, lost or damaged due to negligence. **Violations, or failure to return LYFAA property will affect your eligibility in future LYFAA or Lakewood School athletic programs. Note that Jersey numbers are subject to availability and not guaranteed!**

REGISTRATION FEE \$ _____	PLEASE SELECT 1st and 2nd Preferred Jersey # _____
TOTAL PAID: \$ _____	ESTIMATE Jersey size (S- M- L) Adult S _____
Check # _____	FOOTBALL FEE: \$200.00 Per 1 player \$380 Per 2nd player (Family)
Date _____	FB FEE: includes insurance & safety equipment. You must provide Cleats, Mouth Piece. REFUND POLICY: LYFAA will provide a 100% refund up to the 1st practice -date

I/we have read, understand and agree to the above (and the attached supplemental information) Please Initial:

Parental/guardian Permission: _____ Equipment Policy: _____ No Refund Policy: _____

Signature of Parent(s) / Guardian(s): _____

Father/Guardian _____ Date _____

Mother/Guardian _____ Date _____

PHOTO RELEASE - I / We give permission for my childs picture to appear on the LYFAA Website: Yes No



**LAKWOOD YOUTH FOOTBALL ATHLETIC ASSOCIATION
MEDICAL HISTORY & RELEASE FORM**



LYFAA P.O. Box 388 Silvana, WA 98287

(Player)
Last _____ First _____ Middle _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Male ___ Female ___ Est. Weight: _____

Name of Primary Medical Insurance Company: _____

Policy Number: _____ Membership Number: _____

Name on Policy _____

PARTICIPANT MEDICAL HISTORY:

- | | |
|---|---------|
| 1. Are there any injuries requiring medical attention? | Yes/ No |
| 2. Are there any past surgeries or scheduled surgeries? | Yes/ No |
| 3. Is the participant currently under the care of a medical practitioner? | Yes/ No |
| 4. Is the participant currently taking any medications? | Yes/ No |
| 5. Does the participant have any allergies (penicillin, bee stings, etc)? | Yes/ No |
| 6. Does the participant have asthma/require the use of an inhaler? | Yes/ No |
| 7. Is the participant diabetic/require medication for diabetes? | Yes/ No |
| 8. Does the participant currently require medication? | Yes/ No |
| 9. Does/has the participant have/had seizures? | Yes/ No |
| 10. Does the participant wear glasses or contact lenses? | Yes/ No |
| 11. Does the participant wear a brace or other medical support device? | Yes/ No |
| 12. Does the participant have any other physical limitations or medical conditions? | Yes/ No |

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space: **Use back of form for additional comments:**

EMERGENCY MEDICAL AUTHORIZATION:

I/we, the parent(s)/guardian(s) of the above named participant, hereby give my/our authorization for any emergency medical treatment of the participant for any injury resulting from any activity of LYFAA including transportation to and from such activity. It is understood that efforts will be made to contact the undersigned or the other emergency contact person as indicated above prior to rendering treatment to the injured participant. This authorization shall expire on December 31, of the year this application is signed.

I/we have read, understand and agree to the above (and the attached supplemental information) please sign:

Print Name: _____ Home Phone # _____

Sign Name: _____ Cell Phone # _____

Relationship to Participant: _____

Dated: _____

LAKWOOD YOUTH FOOTBALL ASSOCIATION
ACADEMIC CODE OF CONDUCT

As a valued member of the Lakewood Community, I will use my talents to succeed in the classroom with the goal of obtaining a quality education. Although time commitments are demanding during my athletic season, I will work hard to remain academically eligible. I will attend classes; inform my parents, teachers, and coach's of unexpected problems with studies. I will seek assistants as to maintain academic success.

1. I understand that participating in football is a privilege and honor.
2. I understand successful student athletes are models and examples of excellence as they pursue their sport in their community
3. I understand Lakewood goals are a strong tradition of success in athletics, but are more proud still of the high traditions of character, leadership, and scholarship shown by our athletes. Therefore, all athletes are expected to subscribe to, and adhere to, this code of conduct for athletes.
4. I understand that it is my responsibility to maintain a GPA of 2.0 or higher to be eligible to play with the youth football program.

Lakewood School District and Lakewood Youth Football Athletic Association establish academic rules for Lakewood student-athletes; however, it is the sole responsibility of the Guardian/ Parents and the Athlete to abide and honor such rulings.

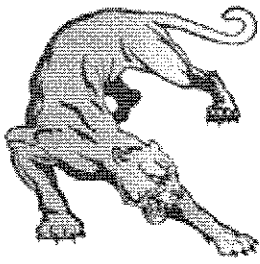
I understand the "Academic Code of Conduct" for Lakewood School District and LYFAA program. I understand that signing this Code is my agreement and pledge to myself, my parents, my school and teammates and follow it or accept the consequences should I fail to follow it.

Player/Student Signature

Date

Parent Signature

Date



LAKWOOD YOUTH FOOTBALL ATHLETIC ASSOCIATION

COACHING & VOLUNTEER APPLICATION

P.O. Box 388 Silvana, WA 98287

Name: _____ Phone H: _____

Address: _____ Phone C: _____

City: _____ State: _____ Zip: _____

Drivers License Number: _____ State: _____

Position Applying For:

Head coach P-Wee: _____ Midget: _____ Junior: _____ Senior: _____

Asst. Coach P-Wee: _____ Midget: _____ Junior: _____ Senior: _____

Team Parent: _____ Field Crew: _____ Field Monitor: _____

(Game) Chain Crew: _____ Concessions: _____ Other: _____

Coaching Experience (Please List All Sports)

Organizations	Yrs.	Reference W/ Phone #

A. Will you have a child participating in the program? _____

B. Have you ever been ejected from a game either as a coach or fan? _____

C. Do you have any First Aid or CPR Training? (SPECIFY) _____

D. As a LYFAA Head Coach would you have a problem implementing a predetermined playbook excepted by the organization? _____

*By submitting this application I agree to follow all rules required by LYFAA as well as NCYFL
Please attach a copy of your Washington State drivers license.
Please note that all applications and background checks are good for one year.*

Date: _____ Signature: _____

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845
(Instructions on Reverse Side)

<p>REQUESTING AGENCY/ADDRESS <u>Lakewood Youth Football Athletic Assoc</u> Agency _____ Attn _____ Address _____ City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>Authorized Signature _____ Date _____ Title _____ Area Code/Phone Number _____</p>	<p>PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer - no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal. ____ Notarized Letter(s)</p>
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APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____
(optional)

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

WSP Use Only

Applicant Right Thumb Print (Optional)

**LAKWOOD YOUTH FOOTBALL ATHLETIC ASSOCIATION
& NORTH CASCADE YOUTH FOOTBALL LEAGUE
CODE OF CONDUCT**

COACH SECTION

- 1) Coaches will always be fair, firm and consistent.
- 2) Coaches will promote a positive attitude and lead by example.
- 3) Coaches will stress teamwork and respect with each and every athlete.
- 4) Coaches will listen to their players concerns and try to help them any way they can.
- 5) Coaches use of profanity, drugs, alcohol or tobacco during any LYFAA & NCYFL event is prohibited.
- 6) Coaches will allow each athlete the opportunity to compete and excel in a minimum of six (6) plays during games.
- 7) Coaches must submit to a Washington State background check before being allowed to coach, a copy must be on file with LYFAA.
- 8) Coaches will strictly adhere to the policies and procedures of LYFAA & NCYFL outlined in the NCYFL rules and regulations.
- 9) Coaches will not engage in violent conduct, or verbal abuse towards any player, parent, or referee / official in the NCYFL.
- 10) Coaches who break or ignore the rules as outlined in the LYFAA & NCYFL rule package run the risk of expulsion.

PARENT / GUARDIAN SECTION

- 1) Parents should support the efforts of the volunteer coaches and of the LYFAA & NCYFL.
- 2) Parents should set the right example for your child by always showing good sportsmanship.
- 3) Parents will not argue with a coach, referee or official at any LYFAA & NCYFL event.
- 4) Parents use of profanity, drugs, alcohol or tobacco during any LYFAA & NCYFL event is prohibited.
- 5) Any parent who crosses the field barriers during a game risks their child being disqualified from the LYFAA & NCYFL.
- 6) Parents who incur an un-sportsmanlike behavior penalty/fine risk their child being disqualified from further participation.
- 7) Parents should never voice any complaints or concerns towards coaches, referees or league officials in front of the children.
- 8) Understand that your child will be given every opportunity to participate; however, the safety of our athletes is our #1 concern.
- 9) Parents should praise their child's efforts and always offer your support. Please allow your child to play as a child and have fun.
- 10) Parents who break or ignore the rules as outlined in the LYFAA & NCYFL rule package run the risk of expulsion.
- 11) Any parent who is fined for a LYFAA & NCYFL violation is responsible for paying that fine.

PLAYER SECTION

- 1) Players will try there very best to support their team.
- 2) Playes will be team players and always put the team first.
- 3) Players will stay within the team areas of the sidelines during games.
- 4) Players will accept their coaching and be ready to learn and have fun.
- 5) Players will listen to the coaches and follow the rules of the LYFAA & NCYFL.
- 6) Players will demonstrate good sportsmanship on and off of the field of play.
- 7) Players will attend all practices, games, meetings and any other team function on time.
- 8) Players will show respect towards all coaches, players and referees / officials at all times.
- 9) Players will not fight, use foul language or argue with coaches, teammates, or referees / officials.
- 10) Players who break or ignore the rules as outlined in the LYFAA & NCYFL rules package run the risk of expulsion.

I/we understand the above rules and conduct codes as a condition of participation in LYFAA & NCYFL.

Coaches Signature: _____ **Date:** _____

Parents Signature: _____ **Date:** _____

Players Signature: _____ **Date:** _____