



BAY AREA YOUTH FOOTBALL ASSOCIATION

2009 FOOTBALL REGISTRATION FORM



Player Information

Players Name:

Last

First

MI

Address:

Street or PO Box #

City

Zip Code

Returning Player:

Experience:

Date of Birth:

Jersey # Preference:

Age (as of 8/1/09):

Weight:

School Attending:

Grade:

Fall 2009

Players Physician:

Current Player Photo

(Board Use Only)

Physician Phone:

Please list All pertinent medical information, physical limitations, restrictions, or special needs:

Division (check one):	Fresh. (6-8)	Soph. (9)	Junior (10)	Senior (11-12)
(Age as of 8/31/09)				

Parent / Guardian and Insurance Information

Mothers Name:

Email :

Home #:

Work #:

Cell #:

Fathers Name:

Email :

Home #:

Work #:

Cell #:

Name of Ins. Co.:

Employer:

Policy No:

Group No:

Name of Insured:

Emergency Contact Information

Contact 1 Name:

Relation:

Phone:

Contact 2 Name:

Relation:

Phone:

For Board Use, Do not write below this box

Chapter: <u> BAYFA </u>	Equipment Sizes	
Board Member Signature: _____	Helmet:	
Amt. Registration \$ Recv'd: _____	Shoulder Pad:	
	Jersey:	
Check No.: _____ or Cash	Game Pants:	
	Practice Pants:	

CONSENT TO MEDICAL CARE

If at any time my child (registrant) should require medical care and a legal guardian of my child can not be contacted to obtain consent to administer the necessary medical care, then I authorize STYFA and BAYFA to provide medical care for my child.

(Parent/Legal Guardian Signature)

Date

WAIVER OF LIABILITY

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of STYFA/BAYFA and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with football or cheerleading and in consideration for STYFA/BAYFA accepting the registrant for its football or cheerleading programs and activities (the programs), I hereby release, discharge and/or otherwise indemnify STYFA/BAYFA and its affiliated sponsors and organizations. This will include but is not limited to their associated employees, personnel, board members, including the owners of the facilities utilized for the program against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same which transportation I hereby authorize.

(Parent/Legal Guardian Signature)

Date

REFUND POLICY

Full refunds will be granted prior to the 1st week of practice less a \$35 administrative fee. A 50% refund will be granted prior to the 1st game less a \$35 administrative fee. No refunds will be granted once the season has begun.

PARENTAL SUPPORT

We ask for active participation of all our parents. Please indicate the area(s) in which you can participate by checking one or more of the choices below.

- | | | | |
|------------------------|-------|---------------------|-------|
| Head Coach | _____ | Sponsor | _____ |
| Asst. Coach | _____ | Fund Raising | _____ |
| Cheer Coach | _____ | Game Announcer | _____ |
| Board Member | _____ | Game Clock Monitor | _____ |
| Chain Crew | _____ | Event Coordinator | _____ |
| Field Set-Up | _____ | Concessions | _____ |
| Field Maintenance | _____ | Equipment | _____ |
| Team Parent (Football) | _____ | Team Parent (Cheer) | _____ |