



**BAY AREA YOUTH FOOTBALL ASSOCIATION (BAYFA)
Lady Texans
2009 Registration Form**

PLEASE PRINT			
Name of Participant:		Date of Birth:	Grade:
Address:		Email:	
Parents Name(s):		Home Phone#:	Cell Phone#: Other:
The best way to reach me is:			
Are you a returning Lady Texan? Yes No		Name of sibling playing football:	
I/We, the parent(s) of the above named participant, hereby give our permission to BAYFA to display pictures on the BAYFA Web Page of our child. Our practice is to reference pictures and provide no other identifying information. Yes No			
I/We, the parent(s) of the above named participant, hereby give our permission to BAYFA to recognize on a monthly basis any birthdays that occur that particular month. Our practice is to reference a birthday greeting by first name only. We will not post actual date of birth. Yes No			
I, the parent/guardian of the participant, a minor, agree that I and the participant will abide by the rules of BAYFA and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with football/cheerleading and in consideration for BAYFA accepting the participant for its football/cheerleading programs and activities. I hereby release, discharge and/or otherwise indemnify 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 participant as a result of the their participation in the program and/or being transported to or from the same which transportation I hereby authorize.			

Parent or Guardian Authorization: In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).		
Family Physician:	Phone:	
Address:	City:	
Hospital Preference:		
In Case of Emergency, contact: (other than parents)		
Name:	Phone Number:	Relationship to Participant:
Name:	Phone Number:	Relationship to Participant:
Please list any allergies/medical problems, including those requiring maintenance medications (i.e. diabetic, asthma, seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.		
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.		
Cheer Coach	Team Parent	Administrative Sponsor

Refunds:
BAYFA Cheer program will not be able to issue registration refunds after June 1st, 2009. Prior to June 1st, 2009, a refund will be issued minus (-) \$25.00 per child for administrative costs if your child chooses not to participate or if extenuating circumstances develop. There are no refunds on uniforms once they are ordered.

I, on my own behalf and on behalf of any other parent/legal guardian of the above named participant, agree to all the terms and conditions stated for the participation in the BAYFA Programs.	
_____	_____
Parent/ Guardian Signature	Date