



**Southwest Youth Football Association, Inc.**  
 3961 Floyd Road, Suite 300 PMB 201, Austell, GA 30106  
 (678) 569-4740 Phone

[www.southwestcardinals.org](http://www.southwestcardinals.org)

**Registration Form**

ON-SITE 1<sup>st</sup> Saturday of each month from 11 AM – 1 PM at Osborne HS Football Field, Southwest Trailer (Kennedy Rd, Marietta)

**Register ON-LINE anytime at [www.southwestcardinals.org](http://www.southwestcardinals.org)**

Football Registration Fees (check appropriate box)		Cheerleading Registration Fees (check appropriate box)	
April 1 <sup>st</sup> to June 1 <sup>st</sup> - \$150		April 1 <sup>st</sup> to June 1 <sup>st</sup> - \$175	
June 2 <sup>nd</sup> to July 31 <sup>st</sup> - \$195		June 2 <sup>nd</sup> to July 31 <sup>st</sup> - \$215	
On or after August 1 <sup>st</sup> - \$225		On or after August 1 <sup>st</sup> - \$250	

1. Make checks or Money Order payable to Southwest Youth Football Association or SWYFA.
2. Application fee of \$50 is non-refundable. No refunds after August 10<sup>th</sup> - NO EXCEPTIONS!

**Participant Information – print legibly**

Players Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender \_ M / F \_  
 Street Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Fall Grade: \_\_\_\_\_ Fall School \_\_\_\_\_ Age on August 1<sup>st</sup> \_\_\_\_\_  
 New or Returning? \_\_\_\_\_ Years experience? \_\_\_\_\_ Est. Weight (Football only) \_\_\_\_\_

**Parent/Guardian Emergency Contact Information (please be complete as possible)**

Parent / Guardian 1	Parent / Guardian 2
Full Name	Full Name
Relationship to Player	Relationship to Player
Work Phone	Work Phone
Cell Phone	Cell Phone
Email Address	Email Address

**Parent Permission**

**Requirements:** I must be present at all practices and games and am not allowed to drop my child off. Equipment will be issued when full registration payment is received. Players/cheerleaders will not be allowed to participate in the Southwest Youth Football Association games if payment is not paid in full. Fees include rental of game uniform, football or cheerleading equipment, which are the property of SYFA and must be returned by the end of the season.

**Equipment deposit \$200 forfeit:** I agree to pay the cost of any lost or non-returned equipment issued to my child or me by SWYFA. I understand my deposit will be returned upon the return of equipment.

**Concession Duty deposit \$75 forfeit:** I agree to work a minimum of two (2) hours during the season at either the concession stand or the gate as assigned by the SWYFA Concession Director and it is my responsibility to work this shift. I further understand that I may opt-out at registration with payment of \$75, or if I do not work the assigned shift my deposit check will be cashed.

**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 hospital.

IMPORTANT NOTE: If the player is under medical care or is on prescribed medication, a note from his/her physician is required.

**Liability Waiver:** AS the parent (or legal guardian) of the above named minor, I grant permission for the minor to participate in all activities of the sports program. I assume all risk and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against Southwest Youth Football Association Incorporated, North Georgia Youth Football League, American Youth Football, Sponsors, volunteers, agents and other participants. I understand I am responsible for all medical and accident insurance.

Signature of Parent / Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Registration Payment1	Sibling ( )	Date:	Check #	Receipt #	Bal.
Payment2		Date:	Check #	Receipt #	Bal.
Payment3		Date:	Check #	Receipt #	Bal.
Equipment Deposit	\$200	Date:	Check #	Receipt #	
Concession Deposit	\$25	Date:	Cash Pd.	Check #	Receipt #