

Vacaville Bengals Youth Football & Cheer

www.vacavillebengals.com

The fees for this year's participation are as follows:

Football (ALL LEVELS)	\$ 245.00	CHEER (ALL LEVELS)	\$ 195.00
2nd Child Discount	\$ 225.00	2nd Child Discount	\$ 175.00
3rd Child Discount	\$190.00	3rd Child Discount	\$ 140.00

*All fees include \$45.00 Mandatory Fund Raiser Fee

*2nd & 3rd Child Discount applies to younger siblings living in the same household as the first registered child

For the Mandatory Fundraiser cost of \$45.00, each participant will receive 9 Vacaville Bengal Raffle Tickets that can be used or re-sold for \$5.00 each. A minimum of 50% is required at the initial registration with the remaining balance due no later than our 3rd sign-ups. The Bengals refund policy is located on the registration form.

Cheer: Cheerleaders will be required to purchase a personal item package, which will include: Midriff, camp shirt & shorts, hair bows, spankies, pom-poms & 1 pair of socks. The estimated cost of the package is \$125.00, which will be due at the time of uniform fittings

Equipment/Uniform Deposits: Football Players and Cheerleaders will be required to pay a \$100 deposit for their equipment and uniforms, respectively. Of which, \$75 will be returned when the equipment and/or uniform is returned to the Bengals, in full and serviceable condition. \$25 will be retained by the Bengals for maintenance & replacement offset fees. Each year we must pay a fee to have helmets re-certified, replace broken and worn-out equipment, disinfect equipment, re-stripe all of the helmets that are certified and repair/replace uniforms. In addition, and unfortunately, each year we have several uniforms and equipment bags that are not returned and the organization must purchase additional equipment and uniforms to cover the next season. Deposits are forfeited when equipment/uniforms are not returned, but the \$100 deposit does not cover the replacement cost.

Nationals: American's Youth Football & Cheer competition will be held in Florida each December for both football and cheer. The estimated cost of travel and hotel accommodations can range from \$850 to \$1,000 per person. Each participant's family should plan to be able to pay these fees immediately upon notice of advancement. Many fundraising opportunities are available to assist with these expenses, individual and team levels. We are a very competitive organization, please prepare for these expenses and take advantage of all fundraising opportunities that are available to you.

Scholastic Requirement: American Youth Football & Cheer has very strict guidelines on participant's Academic ability. AYF & the Vacaville Bengals requires that each participant submit his or her end of the year report card prior to the beginning of practice to determine Academic eligibility. The AYF's GPA requirement is 2.0. Participants who do not submit their end of year report card or do not meet the minimum requirement by the beginning of practice will not be able to participate. Scholastic waivers may be available, please see the Scholastic Coordinator for details.

Discounts: Coaches and Board Member discounts will remain the same with regards to the registration fees ONLY. Head Coaches and Board Members receive a 100% discount and Assistant Coaches receive a 50% discount on the registration fee portion ONLY. These discounts apply only to a Coach's or Board Member's own children and/or children in which he/she is primarily financially responsible for. All other fees, including the mandatory fundraiser & deposits, are still required. The Executive Board will determine the criteria for receiving any discount upfront, those that do not receive their appropriate discount upfront will receive their discount in the form of a refund at a later date and only if their duties have been fulfilled and all equipment and/or uniforms from each of the participants on his/her team have been returned. Coaches and Board Members who resign prior to the end of season may be required to refund any discount amounts received 'upfront' to the Bengals and failure to do so can and will result in loss of one's good standing. Please contact a Board Member for details.

2009 Vacaville Bengals Youth Football & Cheerleading Registration Form

Returning player: Y / N Football Cheerleader **Proposed Team:** Mascot MM JRPW PW JRM M

Full Name: _____ **Nick Name:** _____ **Sex:** M F

Address: _____ **City:** _____ **Zip Code:** _____

Phone Number: _____ **E-Mail:** _____

DOB ____/____/____ **Age** (as of 07/31/2009): _____ **Estimated Current Weight** (Football Only): _____

Name of School (attending in the fall): _____ **Grade in Fall:** _____

Father's Name: _____ **Phone Number:** _____

Mother's Name: _____ **Phone Number:** _____

Medical Insurance Co _____ **Medical #:** _____

Emergency Contact: _____ **Relationship:** _____

Phone # _____ (other than parent)

Football (ALL LEVELS) \$ 245.00	CHEER (ALL LEVELS) \$ 195.00
2 nd Child Discount \$ 225.00	2 nd Child Discount \$ 175.00
3 rd Child Discount \$ 190.00	3 rd Child Discount \$ 140.00

(These fees INCLUDE the receipt of NINE (9) Raffle Tickets that can be sold at \$5.00 each to recover the \$45 cost or kept for personal use. \$100 will be required at equipment/uniform issue; \$75 will be refundable when equipment/uniform is returned. \$25 is retained by the Bengals as a Maintenance/Damage/Loss offset fee. Football players and Cheerleaders are required to purchase additional required items in order to participate.)

Refunds: You may be entitled to a FULL refund of your Registration Fees paid minus \$45 if you cancel, in writing, your child's participation in VBYFC prior to the first scheduled day of practice. You may be entitled to a partial refund of your Registration Fee, 50% of fees paid after \$45 is deducted, if during the first five (5) scheduled practices you, or your child, voluntarily withdraw from VBYFC for any reason. No refunds will be given beyond the first five (5) scheduled practices.

All refund requests must be submitted, in writing, no later than 7 days after cancellation or withdrawal. No refunds will be given for the purchase of personal items, for any reason. All players will receive all personal items paid for regardless of their continued participation. No refunds will be given if a child is suspended or expelled from VBYFC as a result of any disciplinary action or inappropriate behavior, on the part of the child, parent or guardian.

Parent Initials: _____

Requirements/Acknowledgements:

Parent Initials Below:

- 1. I agree to contribute *2 hours of volunteer time*, per parent & per enrolled child for the season. _____
- 2. I am responsible for all travel costs for my child should he/she advance to the Regional/State/ National Level. _____
- 3. Additional Fundraising & Volunteering opportunities are available to assist with travel or participation expenses. _____
- 4. I understand that pictures of my child may appear on VBYFC website, www.vacavillebengals.com _____
- 5. I understand that there may be admission/gates fees when attending away AND home games. _____

Parent/Guardian Signature: _____ **Date:** _____ **Witness:** _____

Do not write in area below.

Registration Requirements

	Item	Date Accepted	Initials
1.	Copy of Birth Certificate-verified & copied from the Original Certified Certificate		
2.	Front & Back of Medical Insurance Card		
3.	Parent/Player Consent and Waiver Form		
4.	Year-end Report Card or Report Card dated after May 1, 2009 (3 copies)		
5.	American Youth Football & Cheer Medical Clearance Form signed by a Physician		

Registration Number: _____



AMERICAN YOUTH FOOTBALL

Participant Forms



REQUIRED FOR REGIONAL AND NATIONAL PARTICIPATION

Participant forms must be presented to the Coach or Team Administrator for inclusion in the team book. Team books must be presented for compliance verification prior to participation in any American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned event.

All rostered Participants must complete the following paperwork in order to be allowed to participate in any American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned event.

Image Release - MINOR

Waiver and Release of Liability - MINOR

Emergency Medical Treatment, Consent and Information Form

Proof of AGE - (see association official for acceptable documents)

NOTE: - All-American Division (grade based) Required Documentation

Report Card - Please HIGHLIGHT Division / Grade attending

All rostered Participants must receive Medical Clearance in order to be allowed to participate in any American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned event. Please use the following form if you have not already supplied an acceptable medical clearance to your team.

Medical Clearance Form

Participant Medical Clearance will become void in the event of an Injury, Accident, or Illness attended to by a licensed medical professional. The Resume Participation Medical Clearance must be signed by the attending medical professional in order for the participant to resume active participation. The signed form must be presented to the American Youth Football, Inc., American Youth Cheer dba, Regional, National event official.

Resume Participation Medical Clearance Form

Some form of Participant Photo Identification system must be employed by your Association. If none was used the following forms can substituted, and is preferred for the American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned events.

Official Participation Tracking and ID Card



AMERICAN YOUTH FOOTBALL

Image Release - MINOR

ASSOCIATION NAME - _____



READ BEFORE SIGNING

In consideration of (insert child's name) _____, my minor child/ward being allowed to participate in any way, in the American Youth Football, Inc. ("AYF") (dba American Youth Football and American Youth Cheer,) national championships and any other official AYF events and activities, the undersigned agrees that American Youth Football Inc., is hereby granted the unrestricted and exclusive right and permission, free from approval or review, to copyright and/or use my child's/ward's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use.

Print Name of Parent/Guardian:

Parent/Guardian Signature:

Date Signed:



AMERICAN YOUTH FOOTBALL

Waiver and Release of Liability - Minor

ASSOCIATION NAME - _____



READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, myself, being allowed to participate in any way in American Youth Football, Inc.(AYF) or American Youth Cheer dba, Regional/National Championships, my Local AYF Affiliation, athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis 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/WARD, 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 child/ward, my own, participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', my own, readiness or, hazard during my presence or participation, and/or in the program itself, I will remove myself, child/ward, from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS American Youth Football, Inc.(AYF), American Youth Cheer dba, my Local AYF Affiliation, their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, 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/wards', my own 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/ward, 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 child/ward's 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.

Print Name of Parent/Guardian:

Parent/Guardian Signature:

Date Signed:

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Print Participant's Name:

Participant's Signature:

Date Signed:

This signed waiver/release should be kept on file for at least 7 years or possibly longer if the player has been involved in a serious injury.



AMERICAN YOUTH FOOTBALL

Emergency Medical Treatment, Consent and Information



ASSOCIATION NAME - _____

_____ (childs name) Has My Permission To Participate In Any And All, _____ (association name) And, American Youth Football, Inc / American Youth Cheer DBA Program(S) Sanctioned Event(S), Be They Official Or Un Official, Including But Not Limited To, Athletic, Social And/Or Fundraising Activities. I Further Hereby Authorize Any First Aid, Emergency Treatment, Including But Not Limited To Transportation To And From Health Care Facilities And/Or Any Licensed Physician To Provide Treatment, Order Injections, Hospitalize, Give Anesthesia Or Perform Surgery. I Understand That This Authorization Is Given Prior To Any Need For Medical Care, But Given To Avoid Unnecessary Delay In Emergency Treatment Which The Physician May Deem Advisable In The Exercise Of Best Judgment. I Presume A Reasonable Attempt Was Made To Contact Me.

EMERGENCY MEDICAL INFORMATION

The Following Information Will Be Used In The Event That A Parent / Legal Guardian Is Not Available. The Purpose Of This Information Is To Provide A Quick Reference For Medical Personnel Should The Need Arise. Please Fill Out This Form Completely. If A Particular Question Is Not Applicable Write "None", N/A, Or Other Appropriate Comment otherwise NONE will be assumed. If Additional Space Is Needed, Please Use The Back Of This Form. All Information Disclosed Here Will Be Treated As Confidential. It Will Be The Responsibility Of The Parent/Legal Guardian To Notify The Participants Coach And League/Event Officials If Any Information Needs To Be Added, Deleted, Changed, Or Updated In Any Way. Please Keep A Copy For Your Records.

Participants Name: _____ **Nick Name** _____ **Hm Phone:** _____

Street Address: _____ **City / Town:** _____ **State:** _____ **Zip:** _____

Father's Name: _____ **Email:** _____

Street Address: _____ **City / Town:** _____ **State:** _____ **Zip:** _____

Employer: _____ **Hm Phone:** _____ **Wk Phone:** _____ **Cell :** _____

Mother's Name: _____ **Email:** _____

Street Address: _____ **City / Town:** _____ **State:** _____ **Zip:** _____

Employer: _____ **Hm Phone:** _____ **Wk Phone:** _____ **Cell :** _____

Family Medical Insurance:

Family Physician:

Carrier: _____

Name: _____

Group: _____

Address: _____

Policy #: _____

Phone Number: _____

Group #: _____

Alt Phone: _____

ID#: _____

Preferred Hospital: (1) _____ (2) _____

EMERGENCY CONTACTS: (MUST HAVE AT LEAST TWO CONTACTS)

Name: _____ **Phone #:** _____ **Relationship to Player** _____

Name: _____ **Phone #:** _____ **Relationship to Player** _____

Please List Any Medical Conditions (Allergies, Asthma, Etc.) And Medications Being Taken By The Participant Named Above. Please List Any Other Information You May Deem Relevant, And Helpful To Emergency Medical Personnel: (Please Note If No Information Is Given And The Words "None" Or "N/A" Is Not Filled In Then, "None" Will Be Assumed.

I HAVE READ, REVIEWED FOR ACCURACY, UNDERSTOOD, ACCEPTED AND AGREED TO THE ABOVE:

***Print Parent/Legal Guardian Name**

***Signature Parent/Legal Guardian**

***Date**



AMERICAN YOUTH FOOTBALL

Medical Clearance Form



ASSOCIATION NAME - _____

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 or athletic activities. I am therefore clearing this individual for athletic participation.

<div style="margin-bottom: 10px;"> ➔ _____ <i>Signature:</i> </div> <div> ➔ Date: ____ / ____ / ____ <i>(Must be dated after January 1st, of the Current Season)</i> </div>	<p style="text-align: center;"><i>Please Print - or - Use Office Stamp Here:</i></p> <div style="margin-bottom: 10px;"> _____ Print Name Clearly: </div> <div> _____ Office Address: </div>
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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 or athletic activities. I am therefore clearing this individual for athletic participation."

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.