



**BOONSBORO AREA ATHLETIC ASSOCIATION
2014 YOUTH FOOTBALL SEASON**

Division

***** REGISTRATION FEES *****

Player's Name: _____
Last First Middle Initial

REGISTRATION FEES

<u>FEES</u>	<u>AMOUNT</u>	<u>TOTAL</u>
BAAA Annual Membership Fee (one charge per household) <i>If paid with another player/sport please list name and league:</i> _____	\$25.00	\$
Raffle Ticket Fundraiser (one charge per household) Your Twenty-five \$2 Raffle Tickets will be provided at a later time <i>If paid with another player/sport please list name and league:</i> _____	\$50.00	\$
Full Contact Football Participation Fee	\$40.00	\$
Game Jersey (Customized w/ your last name and yours to keep)	\$40.00	\$
Flag Football Participation Fee	\$30.00	\$
Flag Football Game Jersey	\$30.00	\$
Pre-Season Football Camp	\$90.00	\$
TOTAL AMOUNT OWED FOR REGISTRATION		_____

Make all checks payable to: B.A.A.A.

FOR OFFICIAL USE ONLY:

PAYMENT RECEIVED FROM: _____

PAYMENT RECEIVED BY: _____

PAYMENT FORM: CASH: \$ _____ **CHECK#:** _____ **VISA/MC Last 4 #:** _____

MAIL SIGNED FORMS AND CHECK TO: BAAA P.O. Box 122 Boonsboro, MD 21713



**BOONSBORO AREA ATHLETIC ASSOCIATION
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Division _____

***** WAIVER & RELEASE FORM *****

MEDICAL TREATMENT AUTHORITY STATEMENT

Initials

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son/ward to attend events sponsored and conducted by Boonsboro Area Athletic Association (BAAA). In order for my daughter/son/ward to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize BAAA's staff members to obtain medical treatment for my daughter/son/ward for such injury or illness during any event, and I hereby hold BAAA, its officers, board members, coaches, sponsors, and their representatives, harmless in the exercise of this authority. I further acknowledge, understand and agree that in participating in these events there is possibility of physical injury or illness by her/his participation. I assume full financial responsibility for such treatment.

PERMISSION FOR USE OF PHOTOGRAPH

Initials

I understand that pictures of the team, practices and games may be posted on the BAAA website throughout the season and I grant permission for BAAA to include the minor named below in the pictures.

WAIVER AND RELEASE

Initials

I, the undersigned parent/guardian, do hereby give permission for my daughter/son/ward to attend and to participate in events sponsored by Boonsboro Area Athletic Association (BAAA). I hereby acknowledge that by attending and participating in events that there is a possibility of physical illness or serious/fatal injury to my daughter/son/ward and I do hereby for myself and all others who might have a similar claim waive, release and forever discharge any and all rights and claims for injury, which may arise now or in the future against BAAA, its officers, board members, coaches, sponsors, and their representatives, for any and all damages which my daughter/son/ward may sustain or suffer while attending and participating in any events.

REQUIRED EQUIPMENT AND USE OF BAAA PROPERTY

Initials

I, the undersigned parent/guardian, assume the responsibility of returning upon demand any and all uniforms and equipment, issued to my daughter/son/ward, by Boonsboro Area Athletic Association. If said uniform/ equipment is not returned, I will reimburse Boonsboro Area Athletic Association for any expense incurred to replace the missing items.

CONCUSSION INFORMATION NOTICE

Initials

I acknowledge receipt of the Concussion Information Sheet and the Fact Sheet for Athletes and Parents. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention and treatment of concussions and the seriousness of concussions.

Print Player's Name: _____

Legal Guardian's Printed Name: _____ Phone: _____

Legal Guardian's Signature: _____ Date _____



**BOONSBORO AREA ATHLETIC ASSOCIATION
2014 YOUTH FOOTBALL SEASON**

Division

***** EMERGENCY CONTACT & MEDICAL INFORMATION *****

PLAYER REGISTRATION INFORMATION

Players' Legal Name: _____
Last First Middle Initial

Parent/Guardian Name: _____
Last First Middle Initial

Mailing Address: _____
Street City State Zip

Phone: _____
Home Cell

Grade: _____ (As of 9/1/14) Date of Birth: _____

E-mail is the main source of communication during the season; please provide us with your email address.

Parent/Guardian Email Addresses: _____
Please Print Clearly

EMERGENCY CONTACT

In case of emergency, notify: _____
Name Relationship to Player

Phone: _____
Home Cell

MEDICAL INFORMATION

Please list any allergies,
include those to medications: _____

Please list any medication that
the child is currently taking: _____

INSURANCE INFORMATION

Please provide the following information for any insurance covering the player:

Insurance Company: _____
Name Policy Number

Name of Subscriber: _____
Name Relationship to Player

Initials

Please initial here if the player is NOT covered under any insurance policy. Please be aware that all bills will be sent directly to the parent or legal guardian.

Boonsboro Area Athletic Association (B.A.A.A.)

www.baaasports.org

Parent Code of Conduct

1. I hereby pledge to provide positive support, care, and encouragement for my child participating in B.A.A.A. by following this Parent Code of Conduct.
2. I (and my guests) will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other B.A.A.A. event.
3. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as taunting; refusing to shake hands; or using profane language or gestures.
4. I will place the emotional and physical well being of my child ahead of my personal desire to win.
5. I will never ridicule or yell at my child or other participants for making a mistake of losing a competition.
6. I will require that my child's coaches be trained in the responsibilities of being a B.A.A.A. coach and that the coaches uphold the Coaches' Code of Conduct.
7. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
8. I will remember that the game is for youth – not adults.
9. I will do my very best to make youth sports fun for my child. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
10. I agree to respect the property on which my child participates, and I agree to only enter areas to which I am authorized. I also agree to do my part to keep the grounds well kept by cleaning up after myself and guests.
11. If a parent has an issue, they must first address it with the Head Coach independently. If the issue is not resolved after speaking with the Head Coach, you may address it with the Sports Director, Assistant Sports Director, and/or a B.A.A.A. Officer & Member to come to an equitable solution.
12. I do understand that I will abide by the above Code of Conduct, if I do not live up to the Parents' Code of Conduct, I will be subject to B.A.A.A. disciplinary action that could include, but is not limited to the follow: verbal warning by the Sports Director, Assistant Sports Director, and/or B.A.A.A. Officer & Member; ejection from the field; parental game suspension; or season suspension.

Youth's Name _____

Division _____

Parents Signature _____

Date _____



**BOONSBORO AREA ATHLETIC ASSOCIATION
2014 YOUTH FOOTBALL and CHEER SEASON**

Division

***** CONCESSION STAND DUTY PLEDGE *****

This form may be used for multiple players in a household.

Player's Name: _____

Player's Name: _____

Player's Name: _____

Parent/Guardian's Name and Phone: _____
Name Phone

Each parent/guardian of a registered player is responsible for signing up and working in the concession stand **TWO TIMES per child with a maximum of 4 sign-ups per household** if required. If you do not wish to work your turn in the concession stand you may "opt out" of this responsibility by donating \$50.00 (per registered participant) to BAAA.

Please check one of the following boxes to indicate the intended purpose for your attached check.

Initials

I agree to fulfill my concession stand responsibilities

NOTE: In order to hold parents accountable, BAAA will hold your check until your obligation is met. Your check will be returned to you at that time unless you do not fulfill this obligation and then the check will be cashed by BAAA. The Hold check should be written in the amount of \$50 times the number of participants registered to play.

Initials

I would like to "OPT OUT" of my concession responsibilities and donate \$50.00. The OPT OUT fee will equal \$50 times the number of participants registered to play.

Attach the check payable to BAAA here.

OFFICE USE ONLY:
Scheduled Concession Date(s): _____
Check returned on: _____
BAAA Board Member Signature: _____