

2012 SWARTZ CREEK YOUTH FOOTBALL

Registration Form

\$80.00 Registration Fee Due at Sign-Up

\$58.00 Jersey Fee

Swartz Creek Youth Football / Cheerleading and Pom program is run in conjunction with the Mid-Michigan Rural Football League program. This program is designed to promote physical fitness and sportsmanship. In order to minimize the risk of injury to your child, the formation of teams is based upon various weight and age divisions. Our coaching staff will emphasize physical conditioning, basic techniques and team play. With your assistance, we look forward to another fun and rewarding season.

PLEASE PRINT LEGIBLY

Child's Name: _____ Weight: _____

Date of Birth: _____ Age Child will be on 6/01/12: _____

Grade Next School Year: _____ Age Child will be on 8/15/12: _____

School District You Live In: _____ School You Attend: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Child lives with (circle): Father Mother Both

Father's Name: _____ Cell Phone _____

Mother's Name: _____ Cell Phone _____

Father's Email _____

Mother's Email _____

Emergency Contact/Name: _____ Phone: _____

Did this child play with SCYF last year? YES NO Total # Yrs Child has played?

If this child has siblings cheering or playing football this year please indicate full name and division (i.e. Freshman, JV, Varsity):

Name Cheer or Football/Division

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Shirt Size: (X one) Youth: S M L

Adult: Sm Med L XL Adult XXL

I have tried on and selected the jersey size above: _____ (initials)

Number Choice: (1) _____ (2) _____ (3) _____

Please check any of the following that apply to your child:

Food Allergies - _____

Prescription Allergies - _____

Uses an inhaler Uses an EpiPen Diabetic

USES THE ABOVE MENTIONED FOR THE FOLLOWING REASONS: _____

My child has the following Emergency Medication: _____

SCYF is run solely on a volunteer basis. The continued success of this program is determined by your support.

Please Note: If you have another child participating in SCYF, we will match up game times if at all possible! I, (the undersigned), as the legal guardian of the child named above, understand that this is a FULL CONTACT SPORT and that the possibility of injury does exist when participating in the above mentioned activities. I hereby agree that I will not hold the Swartz Creek Youth Football League, its coaches, any staff or any associated organization liable for any injuries that may occur during my child's participation in practices, games or other associated activities. Furthermore, I agree to be responsible for the cost of any medical treatment in the event injury and/or death occurs. I also understand that in the event a refund is approved by the board, it will only be issued in the form of a check and only to the legal guardian signing this form.

PARENT (LEGAL GUARDIAN) _____ DATE: _____

**\$25.00 fee will be assessed for any returned checks.
\$5.00 credit/debit card service fee.**

SCYF USE ONLY

Team Division: Freshman _____ JV _____ Varsity _____

INSURANCE WAIVER: _____ PAID RECEIPT: _____ CASH: _____ CHECK#: _____