



UNITED YOUTH FOOTBALL AND CHEER

Registration Contract



ASSOCIATION NAME - _____

Last Name	First Name	Initial	Preferred Nickname
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Street Address	City / Town	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date Of Birth (M/D/YR)	As of 7/31/2012 12/31 For All-American	Weight	Parent/Guardian First Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Grade in Fall	School in Fall	School Phone	Home Email Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Football: <input type="checkbox"/>	Cheer: <input type="checkbox"/>	--CHECK ONE --	
Registration Fee: \$ <input style="width: 80%;" type="text"/>		Check# Cash: <input style="width: 80%;" type="text"/>	

GRAY AREAS FOR OFFICIAL USE ONLY !!

Association: _____

Division: _____

Team: _____

ATTACH PHOTO HERE

Photo Certification

Jersey Number: _____

REQUIRED PAPERWORK

Birth Certificate/DMV ID/Military ID

Medical Consent

Waiver / Release

Medical Consent/Emergency Medical Info

Equipment / Uniform Issued Returned

CONFERENCE OFFICIAL USE ONLY

Paper Work Certification	R E G I O N	N A T I O N A L
Player Certification Complete		

SCHOLASTIC FITNESS

I Am Of The Opinion That My Son/Daughter/Ward Is Scholastically Fit And Would Benefit By Participation In This Program. I Agree To Submit A Copy Of My Son/Daughter/Ward's Last Completed Grade, End Of Year/Last Complete Report Card Or A Written Statement Of Scholastic Fitness From The School Administration.

Initial: _____

CODE OF CONDUCT

The Ideology Of Youth Sports, Including This Program, Is To Promote Good Understanding And Fundamental Knowledge Of The Sport. It Is Also Critical That Good Sportsmanship Including The Ability To Always Conduct Oneself In An Appropriate Manner Of Positive Accord Both On And Off The Field. It Is Understood That Any Incident Considered Detrimental To The Pursuit Of This Ideology Will Not Be Tolerated. It Will Be Addressed In Accordance With The Statutes Of The Association, Conference, Current National Affiliation, State and Local Laws, And May Result In Dismissal From The Program And The Inability To Participate In Any Future Related Activities Of The Association. This Code Of Conduct Applies To All Involved With The Program Including But Not Limited To, The Football Players, Cheerleaders, Spirit Participants, Parents And Guardians.

Initial: _____

PRINT Parent/Guardian Name _____ Parent/Guardian Signature _____ Date Signed _____

KLQB : United Youth Football and Cheer League (UYFL) advises that this form as with any and all registration/contract forms used by your Association should be reviewed by your local council for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms. Due to privacy issues this form should be stored in a secure location with limited restricted access and or used for the purpose of medical care only.

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Last Name	First Name	Initial	Preferred Nickname
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Street Address	City / Town	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date Of Birth (M/D/YR)	Age as of 7/31/2012	Weight	Parent/Guardian First Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Parent/Guardian Last Name	Grade in Fall	School in Fall	School Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Email Address	Medical Insurance (circle one)	Name Of Insurance Carrier	Policy #
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Football: <input type="checkbox"/>	Cheer: <input type="checkbox"/>	--CHECK ONE --	Registration Fee: \$ <input style="width: 95%;" type="text"/>
			Check# Cash: <input style="width: 95%;" type="text"/>

<u>GRAY AREAS FOR OFFICIAL USE ONLY !!</u>			
Association: _____	Division: _____	Team: _____	
Jersey Number Assigned: _____	Equipment / Uniform Issue <input type="checkbox"/> Returned <input type="checkbox"/>		

PERMISSION TO PARTICIPATE

I, the parent/guardian of the above-named participant, do hereby give my approval for my child/ward to participate, and further assert that I have verified with my child/wards' physician, and in my opinion, my child/ward is physically fit and can participate without limitation in any and all Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver.

Initial: _____

SCHOLASTIC FITNESS

I am of the opinion that my son/daughter/ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my son/daughter/ ward's last completed grade, end of year/last complete report card or a written statement of scholastic fitness from the school administration.

Initial: _____

HELMET WAIVER (for football participants)

We acknowledge, and understand the risks involved in my child/ward playing football, which is a collision sport. The NOCSAE committee has adopted the following warning to be read by, and signed by, both the parent/guardian and participant. "DO NOT USE THIS HELMET TO BUTT, RAM, OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR, NO HELMET CAN PREVENT ALL SUCH INJURIES."

Parent/Guardian Initial: _____ Player Initial: _____

EQUIPMENT RESPONSIBILITY

I assume full responsibility for any and all equipment/uniforms loaned to my child/ward and I agree to promptly return, upon request, the uniform and other equipment in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for and promptly pay the replacement cost of such equipment.

Initial: _____

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Initial: _____

PRINT Parents/Guardian Name: _____

Parents/Guardian Signature: _____

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