

SOUTH WHIDBEY YOUTH FOOTBALL & CHEER ASSOCIATION



Registration 2016

SWYFCA is part of the NCYFL (North Cascade Youth Football League)
SWYFCA Mailing: 4440 Honeymoon Bay Rd, Greenbank, WA 98253
For questions, call Bree Nelson (Treasurer) at (360)770-0179

REGISTRATION, MEDICAL HISTORY, TREATMENT CONSENT AND AGREEMENTS

PLAYER'S NAME: _____/BIRTHDATE: _____SEX _____

MAILING ADDRESS: _____
(Street and/or mailing address, City, Zip Code)

PARENT/GUARDIAN: _____PHONE: _____

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E-mail: _____ (PLEASE PRINT)

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Program Fees: The total program cost for SWYFCA Football / Cheer program is \$200. (\$225 after June 1, 2016) There are scholarships and other programs available for families that need assistance. Please ask us for more details.

_____ **A NON-REFUNDABLE DEPOSIT OF \$100.00 IS REQUIRED WITH THIS APPLICATION.**
Initials (balance MUST paid on equipment hand out day)

Paid: ☐ Cash ☐ Check | Amount: \$ _____

League structure: (from NCYFL Handbook) (Cheer teams divided by other factors)

DIVISIONS	AGE (as of Aug 1 st)	WEIGHT
Pee Wee	6-8 year old	120 lbs maximum with two 15% gain Weight Waivers
Midgets	9-10 year old	140 lbs maximum with two 15% gain Weight Waivers
Junior	11-12 year old	170 lbs maximum with two 15% gain Weight Waivers
Seniors	13-14 year old	215 lbs Maximum with unlimited Weight Waivers

Medical History and Consent:

MEDICAL HISTORY: Allergies: _____

____ Contacts ____ Convulsions ____ Diabetes Glasses
____ Hearing Problems ____ Heart Disease ____ Kidney Disease
____ Epilepsy ____ Pregnancy ____ Other

Any past reactions to drugs, antibiotics, other allergies: _____

Restriction(s): _____

List Medications: _____

HEIGHT: _____ WEIGHT: _____ LAST TETANUS SHOT (month/year): _____

Participation in South Whidbey Youth Football requires the ability to run, throw, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity? (circle one) Yes or No

If "yes" please explain and identify any modification that would enable your child to participate:

Insurance Company: _____ Group No.: _____

Emergency Contact: _____ Phone #: _____

Regular Doctor: _____ Phone #: _____

Please initial information below:

_____ 1. **TREATMENT CONSENT:** In case of emergency, I hereby authorize the adult in charge to seek any emergency medical care and procedures deemed necessary by an attendant physician due to injuries sustained while participating in, or traveling to/from South Whidbey Youth Football & Cheer Association activities through October 15, 2016.

_____ 2. **CONSENT TO PARTICIPATE:** I/We, the parent(s)/guardian(s) of the above named candidate for a position on the South Whidbey Youth Football/Cheer team, hereby give my/our approval in any football/Cheer activities, including transportation to and from activities.

_____ 3. **"CODE OF CONDUCT", RULES, AND INFORMATION:** I/we have received a copy of the PARENTS "Code of Parents Conduct", the League Rules, PLAYER "Code of Conduct" and a copy of the North Cascade Youth Football League Rules & Regulations.: I/We _____ agree to abide by **ALL FOOTBALL / CHEER RULES.**

****NCYFL Handbook can be found at: www.eteamz.com/ncyfl/handouts/**

_____ 4. **UNIFORM AGREEMENT:** I/We, agree to return uniform and other equipment issued by South Whidbey Football Association in as good as condition as it was received – except for normal wear or agree to pay the replacement value by November 20th 2016.

_____ 5. **RELEASES FROM LIABILITY:** I/We know that participation in football may result in serious injuries and protective equipment does not prevent all injuries, and (1) I/We the parent(s) do hereby waive, release, absolve, indemnity and agree to hold harmless the South Whidbey Youth Football and Cheer Association, North Cascade Youth Football League, Washington State Football League, the organizers, sponsors, supervisors, managers, coaches, participants and person transporting my/our child to and from activities for any claim arising out of an injury to my/our child whether the result of negligence or for any other cause: and (2) in regard to our child I/We waive, release, absolve, indemnity and agree to hold harmless said organization and individuals, except to the extent and in the amount covered by accident or liability insurance.

I/WE HAVE READ, INITIALED AND EXPRESSLY APPROVED PARAGRAPHS #1 THROUGH #5 ABOVE. I KNOWLEDGE THAT MY DEPOSIT OF \$100.00 WILL NOT BE REFUNDED FOR ANY REASON.

Parent(s)/Guardian(s) _____ Date: _____

Printed Name _____

Parent(s)/Guardian(s) _____ Date: _____

Printed Name _____