



Cabot Youth Football

PLAYER REGISTRATION YEAR ____ LEAGUE _____

Player Information

Last Name		First Name		
Address		City	State	Zip Code
Date of Birth	Age		Grade Entering	
Phone		School		
Email		<input type="checkbox"/> Add me to the CYFA mailing list		

Parent or Guardian Information

In an emergency contact		Relationship		
Phone (Home)	Phone (Business)		Phone (Cell)	
In an emergency contact		Relationship		
Phone (Home)	Phone (Business)		Phone (Cell)	

Health Information

Please list any allergies or health issues
Please list any medications currently taking

Sibling Information

Sibling Name	League
Sibling Name	League

Sizing Information

Print Last Name, First Name as it will appear on jersey	
Jersey Size	Pant Size
Other	

Returning Players

Did this child play in the CYFA last season?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what league?	What team?	

CYFA Membership

<input type="checkbox"/> I would like to joint the CYFA!	Number of Memberships
Memberships are open to any adult resident of Cabot or surrounding communities served by the CYFA.	

Parents/Guardian Permission and Waiver Agreement

1. PERMISSION TO PARTICIPATE

I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in any and all Cabot Youth Football Association (hereafter CYFA) activities, including transportation to and from the activities by a licensed driver with proof of insurance.

2. INTENT TO INFORM

I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football may result in **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH.** Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the CYFA and any and all directors, organizers, sponsors, supervisors, coaches, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

3. EMERGENCY MEDICAL AUTHORIZATION

I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all CYFA activities.

4. INSURANCE DISCLOSURE

I am aware that the CYFA carries group accident insurance which is considered secondary or excess for medical purposes to any and all valid insurance I possess is considered primary insurance. Furthermore, I agree to notify in writing my head coach and the CYFA of any medical claim as a result of participation in CYFA activities as soon as reasonably possible. I understand that any registration fee paid does not constitute a direct premium for insurance and that a deductible(s) may apply.

5. ADULT CODE OF CONDUCT

In order to uphold the goals of CYFA and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of CYFA events, including but not limited to practices, competitions, and ceremonies, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times.

I am aware of the rules of conduct and resulting disciplinary actions in the CYFA By-Laws, including by not limited to those listed here.

Unsportsmanlike conduct (including but not limited to, being under the influence of alcohol, foul language, and/or negative remarks or actions toward an opponent) by coaches, players, parents/fans during a game will not be tolerated! Results for unsportsmanlike by parents and fans will result in 15-yard penalty on the first offense and/or ejection depending on each circumstance; immediate ejection of offender for second offense. If a parent/fan is ejected, he/she will leave the event area immediately and will not attend the next scheduled game.

Unsportsmanlike conduct (including but not limited to, being under the influence of alcohol, foul language, and/or negative remarks or actions toward team members, parents, and/or coaches) during a practice will not be tolerated! may be ejected from the next scheduled game. Parents/fans will not enter the playing field at any time. Failure to comply will result in their immediate ejection from the event area and a 15-yard penalty.

Anyone using language or action which threatens personal, physical harm upon a coach, player, parent/fan, and/or official, or the personal belongings of a coach player, parent/fan, and/or official will result in the offender's immediate ejection from the event area. The offender will not attend any football games for the remainder of the season.

Any weapons in the event area will result in the immediate ejection of the offender and the offender will not be allowed to return to the event area for the remainder of the season.

RULES & REGULATIONS

I hereby understand and acknowledge that as a parent/guardian of a CYFA participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by CYFA including but not limited to the Adult Code of Conduct, stipulated in Section 8 above and published in the CYFA By-Laws and Constitution. Any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of my child/the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant.

By my signature below, I hereby stipulate that I have read, fully understand, and voluntarily agree to all of the above.

Printed Name of Participant _____

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date: _____

CYFA Use Only

<input type="checkbox"/> Paid	Check Number	<input type="checkbox"/> Cash	Amount Received
Received by			Date Received