



2017 FAIRFIELD YOUTH FOOTBALL (FYAA) REGISTRATION FORM

CHECKS PAYABLE TO: FYAA

PAY ONLINE OR MAIL TO: [4228 Waterfront Court, Fairfield, Ohio 45014](#)

**Players have 2 weeks after they start practice for a full refund.

Registration: 1st - 6th grade \$150 -- Kindergarten & each additional child \$95

*THERE WILL BE A **\$25 SECURITY DEPOSIT** FOR PLAYERS PROVIDED WITH ANY EQUIPMENT,
AND WILL BE REFUNDED AT END OF THE SEASON

PLEASE PRINT:

Player's Last Name _____ First _____ Gender _____

Address _____ City _____ Zip _____

Date of Birth _____ Age _____ Grade (Fall 2017) _____ School _____

Did you participate in the 2016 season? Yes / No

Years of Experience _____ Approximate Weight _____ Approximate Height _____

Do you have a sibling participating in the league for the 2016 season? Yes / No

If yes, Child's Name _____ Grade _____ Football / Cheer

Mother/Guardian _____ Email _____

Father/Guardian _____ Email _____

Mother's Phone _____ Father's Phone _____

Program: Teams are full contact and are the true feeder program for Fairfield high school, and play in the Greater Miami Youth Football Conference. There will be one team per grade; first through sixth. These teams will practice three nights a week prior to school starting and three nights a week after school is in session. There will be limited travel to away games and there will be admission costs to enter at all fields for all spectators. ***There will be mandatory parent meetings that will help answer any questions you may have about the program.***

Please sign and read below: By signing below I acknowledge the information I have provided on the registration form is complete and accurate. I also understand that by signing this form, I acknowledge that I have read, understood and agree to all the rules, policies, and code of conduct. I also understand my child, parents, guardians, grandparents, and other family members are also abiding by the rules, policies, and code of conduct. I hereby make this application for the above named child to participate in the Fairfield Youth Football Program for the 2017 season. I agree to abide by the rules and decisions of the FYAA. I hereby release the FYAA and the officers, coaches, and directors of all fields and facilities for any and all injuries that may occur during games, practice, and traveling to and from the fields.

PARENT / GAURDIAN SIGNATURE _____ DATE _____

