

FAIRFIELD YOUTH FOOTBALL REGISTRATION FORM**Parent/Guardian 1 Information (this address is expected to be the same as the participant's):**

Last Name:		First Name:	
Street Address:			
City:		State:	ZIP:
Phone (H):	Phone (W):	Phone (M):	
Email			

FYAA will communicate with parents via the website and email. It is important that you provide all email addresses you would like to be contacted at and that you set any spam filters on your home computer to accept emails from fairfielddyouthfootball.com or leagueathletics.com (our web host).

Parent/Guardian 2 Information (if address is same as other parent, leave address info blank):

Last Name:		First Name:	
Street Address:			
City:		State:	ZIP:
Phone (H):	Phone (W):	Phone (M):	
Email (1 or Many)			

FYAA will communicate with parents via the website and email. It is important that you provide all email addresses you would like to be contacted at and that you set any spam filters on your home computer to accept emails from fairfielddyouthfootball.com or leagueathletics.com (our web host).

Basic Participant (child) Information:

Last Name:		First Name:	
Address:	Same as Parent/Guardian 1 <input type="checkbox"/>		Same as Parent/Guardian 2 <input type="checkbox"/>
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Age on 10/1 of Current Year:	Weight:

Emergency Contact Information³- Minimum of 2 required; ³You may indicate if it is the same as a parent/guardian above by entering "Parent 1" or Parent 2" in the Full Name field;

1	Full Name:		Relationship:	
	Home Phone:	Work Phone:	Mobile Phone:	
	Email (Primary):	Email (Secondary):		
2	Full Name:		Relationship:	
	Home Phone:	Work Phone:	Mobile Phone:	
	Email (Primary):	Email (Secondary):		

Other Information

Current School:		Players Grade this Fall:	
Prior seasons of football experience:		Prior Position(s):	
Requested Coach:			

Interested in Volunteer Activity – Select Interested Below

Head Coach	<input type="checkbox"/>	Equipment Handout	<input type="checkbox"/>	Field Maintenance	<input type="checkbox"/>
Assistant Coach	<input type="checkbox"/>	Publicity	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Team Parent	<input type="checkbox"/>	Snack Bar	<input type="checkbox"/>		

Payment Information

1.	Registration Fee (\$150.00 1 st – 6 th) (K ONLY – \$95.00) (Each additional player - \$95.00)	\$
2.	Make a Donation to Fairfield Youth Football	\$
3.	Equipment Deposit (\$25.00 per player)	\$
Total:		\$

Checks should be made payable to "Fairfield Youth Football Association" and mailed to:
4228 Waterfront Ct., Fairfield, OH 45014

Please refer to our website (www.fairfielddyouthfootball.com) for detailed information regarding calendar of events, and much more!



FAIRFIELD YOUTH FOOTBALL REGISTRATION FORM (Page 2)

PARENTAL RELEASE

I hereby acknowledge, I have been properly advised, cautioned and warned by the proper people and coaching personnel of FYAA that by participating in the sport of football I am exposing my child to the risk of serious injury including but not limited to the risk of sprains, fractures, and/or cartilage damage which could result in temporary or permanent, partial or complete impairment in the use of limbs; brain damage, paralysis, or even death. Having been so cautioned and warned it is still my desire to allow my child to participate in the sport of football, I hereby further acknowledge that I do so with full knowledge and understanding of the risk or serious injury to which I am exposing my child to by participating in the sport of football.

My child has our permission to participate in all activities, including practices, scrimmages and regularly scheduled games as well as extra games not specifically scheduled. I acknowledge that my child participates in all activities at their own risk. In consideration of you permitting them to participate, I hereby release the coaching staff, any sponsors, the Fairfield Youth Athletic Association and any other Association with which the FYAA my affiliate and the employees, agents, heirs, affiliates, officers, successors and assigns of each from any responsibility that you or they might have regarding the health and physical condition of my child during their participation. On behalf of ourselves, my child, our heirs, executors and assigns, we further release and forever discharge all the above individuals and entities from any and every claim, demand, right or cause of action either in law or equity arising from my child's participation all activities.

Please check here if you DO grant FYAA permission.

Please check here if you do NOT grant FYAA permission.

FAIRFIELD YOUTH ATHLETIC ASSOCIATION PARENT'S CODE OF CONDUCT

By signing below, the parent or I agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting, refusing to shake hands or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize importance of skill development and practices and how they benefit my child over winning.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
18. I will never enter onto the playing at any time.
19. I will never confront in anger a coach, official, player, spectator, or league official before, during or after the game.
20. I provide support for the Board and the FYAA organization and not do anything to undermine the authority or disrupt its progress.
21. I will ensure that my son or daughter is at all practices and games on time or provide an appropriate excuse beforehand.

All members of FYAA, players, parents, coaches, and board members, are expected to exhibit sportsmanship behavior and team values, and to generally uphold the principles and objectives of the Fairfield Youth Athletic Association and the Greater Cincinnati Youth Football League.

Any person associated with FYAA not exhibiting high standards of common human decency can be suspended or expelled from the association at the sole discretion of the Board of Directors.

Parent or Guardian Signature:

Date Signed:



FAIRFIELD YOUTH FOOTBALL REGISTRATION FORM (Page 3)**INSURANCE INFORMATION (Section 1)**

Athletic injuries do occur and can be costly, all players participating in the FYAA program MUST HAVE PERSONAL INSURANCE. No player will be permitted to participate in a practice, scrimmage, or contest without personal insurance coverage.

FYAA cannot accept any financial responsibility for any athletic injury beyond your own personal insurance.

As the parent or guardian of the player I am registering I do have adequate personal insurance coverage and will use it to cover any and all cost in the event of an injury to our child.

Please check here if you agree with the above.

INSURANCE INFORMATION (Section 2)

Policy Holder's Name:	
Family Insurance Carrier:	
Policy Number:	
Group/Plan Number:	

MEDICAL INFORMATION

Family Physician	
Office Phone:	
Office Address:	
Hospital Preference	

1. Has this athlete ever had hospitalization, surgery, injury or serious illness?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Is this athlete now under the care of a physician?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Is this athlete currently taking any medication?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Does this athlete have any known allergies to medications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. For any question that was answered with a "YES," please explain in the space below:		

CONSENT FOR TREATMENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by our preferred family doctor, in the event the designated preferred practitioner is not available, by another licensed physician or dentists; and (2) the transfer of my child to our preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, or dentists, concurring in the necessity for such surgery, are obtained prior to the performance being taken. Choose your consent below for emergency medical treatment of my child.

Please check here if you agree with the above.

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