



RESTON YOUTH ASSOCIATION

Official RYA Registration Form – Revision 1.0

PLEASE SELECT A PROGRAM	
Tackle Football: <input type="checkbox"/>	Cheerleading: <input type="checkbox"/>
Tackle Camp: <input type="checkbox"/>	Track: <input type="checkbox"/>
Flag Football: <input type="checkbox"/>	Other (Specify) _____: <input type="checkbox"/>

PLAYER INFORMATION		
Name:	Birthday:	Gender:
Address:		
Email:	School:	Grade:
Home Phone:	Cell Phone:	

GUARDIAN 1 INFORMATION			
Name:	Relationship:		
Address:			
Email:			
Home Phone:	Work Phone:	Cell Phone:	
Text Message Alerts (check if applicable)	<input type="checkbox"/> Practices	<input type="checkbox"/> Games	Cell Carrier:

GUARDIAN 2 INFORMATION			
Name:	Relationship:		
Address:			
Email:			
Home Phone:	Work Phone:	Cell Phone:	
Text Message Alerts (check if applicable)	<input type="checkbox"/> Practices	<input type="checkbox"/> Games	Cell Carrier:

PLEASE LIST ANY TEAM OR CARPOOL REQUESTS (FLAG ONLY)

WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

I understand that participation in certain sporting events, drills and other exercises associated with Reston Youth Association Flag Football carries with it a certain element of risk, and that by participating in these events, my child will be exposed to a variety of hazards and risks of injury, both foreseen and unforeseen, some of which cannot be eliminated due to the inherent nature of the activities. These risks include harm to my child, his/her property, and harm to others. I understand that participation in the RYA Flag Football Program is purely voluntary, and that my child is participating out of his/ her own free will fully aware of the attendant risks associated with the activity. In consideration for providing my child the opportunity of participating in the aforementioned activities, while fully recognizing the dangers and hazards inherent in participating in the above mentioned activities and any related transportation to and from program events, to the fullest extent allowed by law, on behalf of myself and my minor child, I hereby voluntarily agree to waive and discharge any and all claims of whatever nature and release from liability, fully and finally, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, our successors, and to release, exonerate, discharge and Hold Harmless the Reston Youth Association Football Program, its Board of Directors, the individual members thereof, and all officers, agents, volunteers, and representatives from any and all liability, claims, causes of action, or demands including attorney fees, arising out of any injuries of any kind, whether physical or emotional, to me, my child, or to our property, or losses of any kind which may result from or in connection with my child's participation in the RYA Flag Football Program, up to and including injuries stemming from the negligence of the Program or its volunteers or agents. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of my child. In the event that my child may require emergency medical treatment while participating in the aforesaid activities, I authorize the Reston Youth Association and its volunteers to secure the services of a physician or hospital. I will provide for the payment of these costs.

AGREE

PHOTO/VIDEO RELEASE

I hereby give my consent for Reston Youth Association (RYA) to use photos/video coverage of my minor child/ward in future RYA program guides, flyers, videos, websites, social media, etc. I understand that RYA staff and/or volunteers may take photos/video coverage of its programs and events, and their participants from time to time and that these photos/video coverage remain the property of Reston Youth Association.

AGREE

PARENT/GUARDIAN SIGNATURE

Print Name:

Signature:

Date:

METHOD OF PAYMENT - Visa Mastercard Cash Check (# _____)

Card Number _____ Code _____ Exp ____ / ____

Total Amount to Charge to Credit Card \$ _____ Billing Address Same? Yes

Name on Card _____ Signature _____

Make checks payable to **Reston Youth Association**

