



# Suntree/Viera Youth Football League 2008 REGISTRATION APPLICATION

Please Check One:      I would like to donate \$ \_\_\_\_\_ to the SVYFL financial assistance program to go to assisting approved players and cheerleaders with their registration fees.  
 No Refunds after payment is made. MasterCard and VISA accepted!

Football - \$125      Paid by:  Check    Credit Card (  Visa    MC )

Cheerleading - \$125

Flag Football - \$75      Amount Paid: \$ \_\_\_\_\_

Wallet sized photo and a copy of birth certificate must be sent to SVYFL or provided at time of registration. Returning players need to provide a recent picture ONLY. **Address: SVYFL • P.O. Box 410981 • Melbourne, FL • 32941**

## 1. CHILD/PARENT INFORMATION

CHILD'S FIRST NAME: \_\_\_\_\_ CHILD'S LAST NAME: \_\_\_\_\_

NAME THEY GO BY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE ON AUGUST 1, 2008: \_\_\_\_\_ WEIGHT OF TACKLE PLAYER: \_\_\_\_\_ lbs.

CURRENT SCHOOL: \_\_\_\_\_ RETURNING PLAYER?  Yes    No

FATHER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

CHILD LIVES WITH:  Father    Mother    Both

PLEASE CHECK AT LEAST ONE PREFERENCE OF YOUR REQUIRED VOLUNTEER ACTIVITIES:

Parking    Field Set-Up    Field Clean-Up    Concessions

(Please note that you will be assigned duties as needed and the above is just your preference)

PLEASE CHECK ANY ADDITIONAL VOLUNTEER ACTIVITIES YOU WANT TO DO FOR THE LEAGUE:

Team Parent\*    Football Coach\*    Cheer Coach\*    Fundraising Committee    Sponsor    Other: \_\_\_\_\_

\* Parents/guardians wishing to volunteer for coaching, Team Parent, and Board positions must complete a SVYFL Volunteer Application, which includes consent to background check, and will be subject to approval by the SVYFL Board of Directors.

## 2. AGREEMENT (Please Check All)

I/we would like to opt out of our requirement to be scheduled for two home games of volunteer work and agree to pay the league \$50 with this application to do so. This \$50 charge will be added to your fee at the end of the registration process

The parent(s)/guardian(s) of the above participant do hereby understand and agree that a strict code of conduct will be enforced. This means no foul language, yelling negative comments, physical contact with a child or adult, alcohol or tobacco use, questioning coaching or referee decisions, or any action deemed distracting or unsportsmanlike. Any such behavior observed by the Coach and/or Board will result in the person(s) being removed from activity if needed and given a written warning. All written violation records will be kept by the SVYFL Safety/Security Officer. Upon second offense, person will be perminatly removed from all SVYFL activities for a time to be determined by the Board. Refusal to leave will dictate that the offender's child will be removed from the activity and suspended until problem is resolved to the Boards satisfaction.

The parent(s) or guardian of the above participant do hereby give approval for participation and understand all the risks and hazards associated with this activity.

I/we hereby absolve, indemnify and hold harmless the Suntree/Viera Youth Football League (SVYFL) and it's Board, its' organizers, sponsors and volunteer staff for any injury that may occur to my/our child.

I/we understand that transportation to and from this activity is my/our sole responsibility.

I/we acknowledge and understand that no refunds will be given for any reason once payment has been made.

I/we acknowledge and understand that any checks written to SVYFL that are returned for insufficient funds will not be redeposited, but will be returned to you and a cash payment will be required along with a \$25 returned check fee.

## 2. AGREEMENT - Continued (Please Check All)

- I/we acknowledge that my/our child will be required to participate in the SVYFL raffle. Each child is required to sell \$50 worth of tickets. If they do not sell this amount I/we agree that we must either make up the difference in cash, or pay the entire amount if none are sold.
- I/we acknowledge that one person per family will be assigned to work as a volunteer for parking, concession, or field set up or cleanup at no less than two home games in the time and capacity assigned by the SVYFL Board. If the family wishes to opt out of this requirement, a fee of \$50 can be paid to the league.
- I/we agree it is my/our responsibility to cover the assignment and if I/we cannot fulfill it, it is my/our responsibility to find replacement and inform the league. Failure to fulfill this obligation will result in penalties to be determined by the SVYFL Board.
- I/we agree to turn in a sponsor form to my/our workplace to try to secure a sponsorship from them for the league.
- I/we are aware and acknowledge that SVYFL is not responsible for my child before, during, or after practices, special events, and games. There must be a parent or guardian present at all times. If an emergency comes up, the child must leave with the parent or guardian.
- I/we acknowledge the responsibility for SVYFL issued equipment for the purpose of any activity sponsored by the league. Custom altering of any league owned equipment is not permitted and will result in a replacement charge for said equipment.
- I/we accept responsibility of returning all equipment or uniforms upon request. Failure to do so may result in prosecution and the inability for my child to participate in the future. An additional collection fee will be assessed in addition to the cost of the uniform and or equipment not returned at the end of the season.
- I/we acknowledge that the failure of my/our child to attend scheduled practices without prior notification to his/her coach or team parent will result in reduced playing time in the next scheduled game. A written notification will be maintained by the player's coach.
- I/we acknowledge that we are required to sign up on the league web site, [www.SVYFL.com](http://www.SVYFL.com), for the forum. I/we understand that this will be the main form of communication for the league and that failure to sign up could result in vital information not be received.

## 3. MEDICAL RELEASE

MY CHILD HAS ACCIDENTAL/HOSPITALIZATION INSURANCE:  Yes  No

EMERGENCY CONTACT NAME: \_\_\_\_\_ EMERGENCY CONTACT PHONE: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ PHYSICIAN PHONE: \_\_\_\_\_

PRIMARY INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_ PLAN NUMBER: \_\_\_\_\_

Has your child undergone any surgery in the past 12 months?  Yes  No

If so, please describe: \_\_\_\_\_

Does your child take medication on a daily basis? Yes No

If so, please list: \_\_\_\_\_

Does your child have asthma? Yes No

Use an inhaler? Yes No

List any and all allergies your child has: \_\_\_\_\_

Does your child have any physical limitations that the SVYFL should be aware of?

If so, please describe: \_\_\_\_\_

A copy of this form will be released to the Head Coach of your child's team only. The original will be kept on file with the SVYFL Registration/ Insurance Coordinator.

I/we acknowledge that everything in the above medical release is correct and true.

Signature \_\_\_\_\_ Date: \_\_\_\_\_