



South Berkeley Youth Football Association Registration Form Football/Cheer

Year: _____ New Player: _____ Returning Player: _____ Team: _____ Flag _____ PW _____ FR _____ JV _____ V _____

Players Name: _____ League Age _____ (as of 8/1) Birthdate: _____

Grade (in fall) _____ School: _____

Siblings on team: _____

Parent/Guardian Name _____

Address _____ City/State _____ Zip _____

Email _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name _____

Address _____ City/State _____ Zip _____

Email _____

Home Phone: _____ Cell Phone: _____

DISCIPLINE POLICY FOR PARENTS/SPECTATORS

WE HAVE A ZERO TOLERANCE POLICY. No cursing allowed. Any derogatory comments towards referees, coaches, and/or players will not be tolerated. 1st offense -If you are found to using this behavior you will be informed and warned by a board member. 2nd offense- if warned the same day, removal from the field. 3rd offense- if problems persist board will meet to discuss and review with potential action being banned from the league field for one calendar year. No individuals without permission to be on the game field shall be subject to being banned from the league field for one calendar year. **Fighting will not be tolerated, if fighting occurs all parties will be removed from the field immediately for the day of the occurrence and the incident will be discussed and reviewed by the board for any further action.**

League use only

Equipment rental: YES NO Helmet size _____ Helmet EQ Number _____

Shoulder Pad Size _____ Should Pad EQ Number _____

Flag football/cheer Tshirt Size: _____ Cheer Uniform Top Size: _____ Cheer Uniform Skirt Size: _____

Birth certificate _____ Physical _____ Insurance Card _____ SBYFA Rep _____

Registration fee paid _____ Cash/Check # _____ Equipment Fee _____ SBYFA rep _____

Comments _____

PARENTAL CONSENT

I give my consent for _____ to participate in SBYFA or SBYCA and hereby waive and relinquish any and all rights of legal action or claims against said association or officers or members thereof, which might hereafter exist, in the event of athletic injuries.

Parent/Guardian Signature _____ Date _____

INSURANCE NOTICE TO PARENT/GUARDIANS

The league accident insurance is secondary to any insurance covering the participant and it has a \$250 deductible. If your child is injured while participating in any activity of SBYFA or SBYCA, the medical bills will need to be submitted to your insurance first. Any remaining balance will be sent to the league insurance company with the parents/guardians splitting the deductible with the league. If the total bill is less than the deductible the amount will be split 50/50 between the parents/guardians and the league. If there is no insurance covering the participant, the parents/guardians must submit this fact in writing to the league. The aforementioned procedures then apply. **The maximum that the league insurance will pay is \$2500 per claim.**

I have read, understand and agree to this information on this form _____

Parent/Guardian signature

EQUIPMENT POLICY

I assume responsibility for any and all equipment/uniforms loaned to my child and I agree to promptly return upon request. The uniform and other equipment should be returned in good condition as when received except the normal wear and tear. If I fail to adhere to this policy I will be responsible for and will promptly pay the replacement cost of \$100.00/helmet & \$75.00/shoulder pads. All equipment is to be returned to the league within thirty days after playing the final season game to the equipment manager. After the first thirty days a \$25 late fee shall be assessed, the second thirty days a \$100 late fee will be assessed, sixty one days or more \$175 will be assessed. Equipment does not get returned to coaches. All achievement stickers/team awards must be removed prior to turning in equipment at end of the season. No stripes are to be added to the helmets. All team logo stickers stay on the helmets.

Parent/Guardian Signature _____

PHOTO RELEASE

Permission to use Photograph

I give permission to South Berkeley Football association and its representatives the right to take photographs of me and my property in connection with the above-identified subject. I authorize South Berkeley Football Association, its assigns and transferees to copyright, use and publish the same in print and or/ electronically. I agree that south Berkeley Football Association may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media, website, and Web content.

I have read and understand the above:

Player Signature _____

Parent/Guardian Signature _____

Date _____

EMERGENCY INFORMATION

Emergency Contact _____ Emergency Phone Number _____

Allergies / Medical Conditions _____

Medications _____

I _____ give permission for my child _____ To be treated in case of an emergency in my absence. I also give permission for my child to be transported by ambulance to the nearest hospital, if deemed necessary.

Parent/Guardian signature _____ Date _____