

Team: _____

SEBASTIAN SHARKS YOUTH FOOTBALL & CHEERLEADING ASSOCIATION 2018 SPRING / SUMMER REGISTRATION

Child's Name: Last _____ First _____

Date of Birth: _____ / _____ / _____ Age as of August 1, 2018: _____

Registering for: Flag Football / Tackle Football / Cheerleading / Competition Cheer / NFL Flag / NFL Cheer

How did you hear about us: Website / Facebook / Flier / Friend / Other: _____

Mother's Information: Name- Last _____ First _____

Email: _____

Phone H _____ W _____ C _____

Father's Information: Name- Last _____ First _____

Email: _____

Phone H _____ W _____ C _____

Emergency Contact: Name- Last _____ First _____ Relationship: _____

Phone H _____ W _____ C _____

Preferred Contact Method: phone / email / text

Does your child have any limitations that the SSYFCA should be aware of? Yes / No

Please describe your child's limitations _____

Does your child have asthma? Yes / No Does your child use a prescribed inhaler? Yes / No

Does your child have any allergies? Yes / No Please list your child's allergies _____

REGISTRATION FEES

| | |
|---|------------------|
| Flag Football (ages 4 – 6) | \$30.00 |
| 8-Man Cheer (ages 4 – 15) | \$30.00 |
| NFL Flag Football or NFL Cheer | \$50.00 |
| Tackle Football (ages 7 – 14) | \$100.00 |
| Competition Cheer (ages 7 – 15) | \$300.00* |
| Flag Football / NFL Flag ~ save \$20 ~ | \$60.00 |
| Cheerleading / NFL Flag ~ save \$20 ~ | \$60.00 |
| Tackle Football / NFL Flag ~ save \$40 ~ | \$110.00 |
| Competition Cheer/ NFL Flag ~ save \$20 ~ | \$330.00 |

(sibling discount of 20% off the lowest registration price after one full registration is paid; not valid with any other offers)

*** PAYMENT PLAN AVAILABLE FOR COMPETITION CHEER PROGRAM ***

RETURNED CHECK POLICY

There will be a \$15.00 charge for any returned check.

REFUND POLICY

There will be NO refunds without BOD approval, unless the league cannot field a team.

FINANCIAL ASSISTANCE PROGRAM: I would like to donate \$ _____ to the SSYFCA financial assistance program.

PRIMARY INSURANCE INFORMATION

Child's Name: Last _____ First _____ Date of Birth ____/____/____

Does your child have accidental/hospitalization insurance? Yes / No

Company: _____ Policy Number: _____ Group Number: _____ Plan Number: _____

Child's Primary Physician: _____ Phone: _____

MEDICAL RELEASE AND LIABILITY WAIVER

As the parent or legal guardian of _____, I hereby authorize and give my consent for any medical emergency treatment or denial of treatment for my son/daughter/ward (listed above) should it be deemed necessary by a qualified medical doctor or dentist. In the event I cannot be reached, I give the authorized Sebastian Sharks Youth Football and Cheerleading Association coach and/or activity supervisor the authorization to act on my behalf should a medical or dental emergency arise while participating in the SSYFCA activity or event.

I consent for my child/ward to participate in the Sebastian Sharks Football and cheerleading program/activity/event. I declare that my child/ward is physically fit and has the skill level required to participate in this program. I, as the parent/legal guardian of the above listed youth, do hereby assume all risk and hazards incidental to the conduct of this activity (which may include, among other things, muscle injury and broken bones) and on my behalf of my child/ward, on behalf of my child's/ward's heirs, executors and administrators release and forever discharge the released parties defined below of all liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and disbursements. For this program the released parties are the Sebastian Sharks Youth Football and Cheerleading Association, the City of Sebastian, the Sebastian Police Department and the officers, directors, employees, coaches, agents, representatives, volunteers, successors and assigns of each of the foregoing entities. As parent/guardian of the above child/ward, I expressly acknowledge that we release the Sebastian Sharks Football and Cheerleading Association, Inc. and any co-sponsoring agency from all liability whether for negligence, action, or inaction for any injury, loss or damage connected in any way whatsoever to participation in Sebastian Sharks Youth activities (which may include, but is not limited to, games, practices, and transportation to and from events) whether on or off Sebastian Sharks premises. The undersigned acknowledges that participation in the activity may involve risk of contact between participants, effects of the weather, and other risk conditions associated with the sport/activity/event.

I further grant the released parties the right to photograph and/or videotape my child/ward and to use these photos and media materials as well as my child/ward's name, face, likeness, voice and appearance in connections with newsletters, publicity, advertising, promotional and Internet materials without reservations, compensations or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.

I, as the parent/legal guardian for the above listed youth, attest that I am at least 18 years of age and eligible to enter into a binding agreement.

Parent/Legal Guardian Name: (Print Clearly): _____

Parent/Legal Guardian Signature: _____

By my signature below, I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

Child's Name: _____

Team: _____

SSYFCA CODE OF CONDUCT AGREEMENT

(Please initial each statement and sign at end of page)

_____ I/we acknowledge that families are asked to volunteer a minimum of 4 hours (per registered child per season) for various tasks around the field as the BOD deems necessary. Positions and times may be assigned by the SSYFCA if not chosen by the family. The family may make a donation to the league in the amount of \$25 per registered player if they do not wish to volunteer their time. I/we further acknowledge that it is my/our responsibility to cover the assignment and if I/we cannot, it is my/our responsibility to find a replacement and inform the appropriate league representative.

_____ The parent(s)/guardian(s) of the above named participant hereby understands and agrees that a strict code of conduct will be enforced. This includes, but is not limited to, foul language, negative comments, physical contact of an aggressive nature, alcohol use, interfering with coaching or referee decisions, and any action deemed distracting or unsportsmanlike. Any such behavior observed by a Coach and/or Board Member could result in a written warning and, if necessary, immediate removal of the offending individual and/or permanent removal from all league activities for a time to be determined by the Board of Directors. This code of conduct extends to any individual attending a league event/practice, including, but not limited to, participants, parents, guardians, or spectators. Refusal to leave will result in the removal of the offender's child until the problem is resolved to the Board's satisfaction.

_____ I/we understand that unauthorized entry into practice or game field may be grounds for disciplinary action and/or removal from the league.

_____ The parent(s)/guardian(s) of the above named participant hereby approves participation and understands all inherent risks and hazards associated with this activity.

_____ I/we hereby absolve, indemnify, and hold harmless the Sebastian Sharks Youth Football and Cheerleading Association (SSYFCA) and its board of directors, organizers, sponsors, and volunteer staff for any injury that may occur to my/our child. I/we are aware that SSYFCA does not provide trained medical professionals at any league activity.

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

_____ I/we understand that once payment has been made no refunds will be given without board approval, unless the league cannot field a team.

_____ I/we acknowledge and understand that any check written to SSYFCA and returned for insufficient funds will either be re-deposited or returned to you for a cash payment plus a \$15 returned check fee will be required.

_____ I/we acknowledge that each child is required to participate in fundraisers as a team, league, and individual to raise funds for the support of the SSYFCA. This may include direct sales fundraisers and/or any other fundraising activities approved by the board. **Failure to return fundraising materials and/or turn in funds from fundraising activities constitutes theft by conversion.**

_____ I/we are aware and acknowledge that the SSYFCA is not responsible for my/our child before, during or after any league activity. There must be a parent or guardian present at all times. If an emergency arises, the child must leave with the parent or guardian.

_____ I/we acknowledge the responsibility for all SSYFCA issued equipment/uniforms for the purpose of any league activity. Custom altering is not permitted and will result in a replacement charge at current costs. All equipment/uniforms are to be returned immediately following the last game of the season and/or upon request. Failure to do so may result in prosecution, legal proceeding or report to collection agencies. The league reserves the right to withhold trophies until such time as the equipment is returned.

Name: _____ Signature: _____ Date ___/___/___

Witness: _____ Signature: _____ Date ___/___/___

Child's Name: _____

Team: _____

WAIVER OF LIABILITY, RELEASE

For and in consideration of the undersigned participant's registration with Sebastian Shark Youth Football and Cheer Association ("Organization") and being allowed to participate in events and member activities, participant and the parent(s) or legal guardian(s) of participant waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant or participant's parent(s) or legal guardian(s) arising out of participation in events, or sports, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant and/or participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and participant and participant's parent(s)/guardian(s) do so on behalf of their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to events or sports participation and activities incidental thereto, and understand that activities incidental thereto involve risks to participant's and participant's parent(s)/guardian(s) person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's parent(s)/guardian(s) or the negligence of others, including the organization, its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releasees"), and include risks arising from the conditions and use of facilities and related premises. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of facilities and related premises, whether as a participant or a spectator, including without limitation, the risks involved with participating in the Organization's activities. Participant and participant's parent(s)/guardian(s) further acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

Participant and participant's parent(s)/guardian(s) acknowledge, understand The Organization reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Organization and may be used for publicity and promotional services.

Consent to Medical Treatment of Minor: I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the Organization provides no medical insurance for such treatment under its liability insurance coverage. Medical benefits for such treatments/injuries may be provided with proof of medical coverage purchased through the Organization. The location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Participant and participant's parent(s)/guardian(s) agree if any claim for personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.

Participant and participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers and risks and understand these waivers and releases are necessary to allow the activities of the Organization to exist in its present form.

Volunteer / Participant Signature **Date Signed**

Volunteer / Participant Name (Printed) **Age (if under 18)** **Date Signed**

Parent / Guardian Signature (if Volunteer / Participant is under 18) **Date Signed**