



HIGHLAND SPRINGS YOUTH FOOTBALL & CHEERLEADER ASSOCIATION

2019 REGISTRATION AND CODE OF ETHICS FORM

PO BOX 581 | SANDSTON, VA 23150 | WWW.LEAGUELINEUP/HSSAINTS.COM

PARTICIPANT INFORMATION

Please print all information clearly

REGISTRATION FEE

Check activity child will be participating

☐ FOOTBALL PARTICIPANTS - \$85.00

Age as of **July 31, 2019** will determine division placement,
Weight limits may apply; Athletic Director will make final determination.

Fees include:

Rental of game jersey, pants, Helmet, shoulder pads, and chin strap. Socks and mouth pieces are also provided.

☐ CHEER PARTICIPANTS - \$120.00

Age as of **July 31, 2019** will determine division placement;
Cheer Director will make final determination.

Fees include:

Insurance, rental of uniform, shoes, cheer socks, and hair bow. **New cheerleaders need to purchase these mandatory items by 8/15/19: warm up suits are an additional \$60.00** Returning cheerleaders can purchase those items as needed.

Registration fees include; insurance, officials, etc.

FEES ARE NONREFUNDABLE AND MUST BE PAID IN FULL AT TIME OF REGISTRATION TO GUARANTEE PLACEMENT AND REDUCED PRICE

Last Name: _____ First Name: _____ MI: _____

Date of Birth (mmddyyyy): _____ Age: _____ Name preferred: _____

Home Address: _____

City, State: _____ Zip Code: _____ County of Residence: _____

School will be attending in fall 2019: _____

Was child registered with HSYFA Football/Cheer in 2018? ☐ Yes (Division): _____ ☐ No

Has child ever participated in organized youth football/cheer? ☐ Yes (name of organization & when): _____ ☐ No

MYFL FOOTBALL AND CHEER

PARTICIPANT ELIGIBILITY AND CODE OF ETHICS FORM

The MYFL exists to promote the mental and physical development of youth in such a way as to develop high character and moral standards, a sense of competitiveness and fair play, respect for authority, help of your fellow man, and LOVE of God, family and country.

To foster these ideals, you agree to abide by this Constitution, by-laws and all other rules and regulations of the League and to exhibit honesty, fair play, and respect for participants, officials, coaches, and spectators of race, sex, creed or ability.

Your signature below indicates your agreement to abide with the above and to aid the League in the enforcement in the Code of Ethics by reporting violators in writing to:

Chris Woody, Commissioner, MYFL Rec.
P.O. Box 2918
Henrico, VA 23228

*This form **must** be signed by all as indicated below and retained by your association with the master registration list for confirmation by the MYFL on roster night in order that the participant to be considered a duly registered member of the MYFL and the Association below.*

Has the child registered with a MYFL member association prior to this year?

Yes { } No { } Association _____

Have you registered this year with an association other than the one, which you are now registering?

I understand that I may register with only one MYFL association for a particular season.

Yes { } No { } Association _____

If answered yes to registered this year than does he or she have a release from that team?

Yes { } No { }

I understand that I/my child may not play school football other than tryouts during the school year, unless league approval is granted.

**See Article 12, Section 6.1 of the MYFL Constitution*

Participants Signature _____ **Date** _____

Parent or Guardian Signature _____ **Date** _____

PARENT/GUARDIAN INFORMATION

Mother Name: _____ Phone Number: (H) _____

(W) _____ (C) _____ Email Address: _____
(Please provide the most suitable for contact.)

Father Name: _____ Phone Number: (H) _____

(W) _____ (C) _____ Email Address: _____
(Please provide the most suitable for contact.)

EMERGENCY CONTACT (other than listed above)

Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Please list any allergies, medications, physical, psychological or emotional conditions that might affect your child's participation.

Medication _____ Dosage _____

EMERGENCY MEDICAL AUTHORIZATION:

I acknowledge, understand, and agree that this authorization is to be used only in emergency situations when I cannot be contacted or am not present, and I hereby hold Highland Springs Youth Football Association and its representatives harmless in the exercise of this authority.

PARENT GUARDIAN ACKNOWLEDGEMENT AND RELEASE

1. _____ I understand that registration fees are **non-refundable**. (please initial on line)
2. _____ I understand that I must provide a **DMV child's identification card** for my child regardless if he/she was registered at HSYFA in 2019. (please initial on line) I understand my child will **NOT** rostered until the ID is provided.
3. IDs will be kept by HSYFA for the entire season and will be returned at the end of the 2019 season.
4. I do hereby consent for this child to participate in all activities of the HSYFA
5. To the best of my knowledge, the enrolled participant is in good physical and emotional health.
6. I assume all risks incidental to such participation, including transportation to and from such activities. I hereby wave, release waive, release, absolve, indemnify, and hold harmless the HSYFA, its organizers, sponsors, supervisors, coaches, participants, and any other persons who transport our child to and from activities for any claim or cause, whether the result of negligence or for any other cause except to the extent and in the amount covered by accidental or liability insurance.
7. I understand I am responsible for picking up my child from all activities, games and practices on time.
8. I agree to return all uniforms and equipment issued by HSYFA to my child in as good condition as when received. If not returned, I agree to pay replacement costs (listed on page 1) for the uniform/equipment, if replacement cost is not paid other collection procedures including legal action may be pursued as determined by Highland Springs Youth Association.
9. I understand trophies and awards will be provided to participants only after the following are met: the return of all uniform/equipment, participating in fundraising, and participant completion of playing season. Trophies that are not picked up at the banquet, become the property of HSYFA.
10. I understand that I can either pay a \$30 fundraising fee or fundraise to meet the equivalent. This fundraising is a way of generating funds to maintain and improve our organization and is **mandatory** for each participant.
11. A returned check fee of \$35.00 will be charged for all returned checks. Failure to remit fees, payments or money owed will result in HSYFA pursuing other collection procedures including legal action.
12. I understand that concession and chain crew coverage are **required** of me. If I do not fulfill this duty my child will not be allowed to participate in the game on the day I have signed up to work.
13. *It is understood that there is no guarantee of equal playing time under the MYFL Constitution and HSYFA.*
14. *I understand that I must have a physical within the playing year for my child to play football.*
15. *I understand that I must provide my child last report card.*
16. *Payment arrangements are accepted in 3 payments only and must be paid off by August 31st.*

PARENT GUARDIAN ACKNOWLEDGEMENT AND RELEASE CONT'

17. I understand that once my child has registered with HSYFA for the 2019 season, the child, under MYFL rule, may not register with another MYFL member association for the 2019 season.
18. Highland Springs Youth Football Association uses www.leaguelineup.com/hssaints and will periodically display pictures of the football players and cheerleaders on the official website. Please check the appropriate statement:
- ☐ I will allow my child's picture to be displayed.
- ☐ I will not allow my child's picture to be displayed with no reference to my child's name.

Both, participant's & parent/guardian's, signatures below indicate agreement to abide with the above and to aid the League in the enforcement of the Code of Ethics, Zero Tolerance Policy and Addendum #9 (if applicable) by reporting violators in writing to:

Chris Woody, MYFL · P.O. Box 2918, Henrico, VA 23228

*This form **must** be signed by all indicated below and retained by your association with the master registration list for confirmation by the MYFL on roster night in order that the participant to be considered a duly registered member of the MYFL and the HSYFA*

Participant's Name: (F) _____ (L): _____ **DOB:** _____

Participant's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

FOR LEAGUE USE ONLY			
DIVISION : <input type="checkbox"/> Flag (5-6) <input type="checkbox"/> 7U <input type="checkbox"/> 8U <input type="checkbox"/> 9U <input type="checkbox"/> 10U <input type="checkbox"/> 11U <input type="checkbox"/> 12U <input type="checkbox"/>			
<p style="text-align: center;">FOOTBALL PARTICIPANT</p> <p>Age(7/31/2019): _____ <i>Flag players must have turned 5 by 7/31/19</i></p> <p>Helmet Size: _____ T-shirt Size: _____</p> <p><input type="checkbox"/> New → <input type="checkbox"/> DMV ID <input type="checkbox"/> COE <input type="checkbox"/> Returning → <input type="checkbox"/> DMV ID <input type="checkbox"/> COE</p>		<p style="text-align: center;">CHEER PARTICIPANT</p> <p>Age (as of 7/31/2019): _____</p> <p>T-shirt Size: _____ Other: _____</p> <p><input type="checkbox"/> New → <input type="checkbox"/> BC and PIC or DMV ID <input type="checkbox"/> COE <input type="checkbox"/> Returning → <input type="checkbox"/> PIC <input type="checkbox"/> COE</p>	
1 ST Sibling & team: _____		3 rd Sibling & team: _____	
2 ND Sibling & team: _____		4 th Sibling & team: _____	
Total Fees Paid	Form of Payment: <input type="checkbox"/> ca <input type="checkbox"/> check # <input type="checkbox"/> mo. #:	Receipt No.:	Board Initial:
Return Date:	Returned by:	Refund: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount:	Items Returned: <input type="checkbox"/> helmet <input type="checkbox"/> pants <input type="checkbox"/> jersey <input type="checkbox"/> shoulder pads <input type="checkbox"/> 7series <input type="checkbox"/> shell <input type="checkbox"/> skirt Board Initial:

Additional Info: (record ALL partial payments w/date and remaining balance and Board member's initials)