



Registration Form 2022 (Football and Cheer)



NO Athlete will be permitted to participate in any Florida Youth Football League (FYFL) activities unless **SECTIONS I, II, III, IV, V and VI** of the FYFL Registration Form have been completed in full which includes:

ALL INITIALS, SIGNATURES, FINAL REPORT CARD, NOTARY STAMP and NOTARY SIGNATURE REQUIRED.

SECTION I: TO BE COMPLETED BY ATHLETE'S LEGAL GUARDIAN

Club: _____ Age Division: _____

Athlete's Name (Print): _____ **Football or Cheer** (circle one)

Athlete's Date of Birth: _____ Age: _____

Parent's Name (Print): _____

Relationship to Minor that signing the form (circle one): **Mother** **Father** **Legal Guardian**

Parent's E-Mail Address: _____

Parent's Home Number: _____ Parent's Cell Number: _____

Street: _____

City: _____ State: _____ Zip: _____

School Attending in **2022-2023**: _____ Grade in **2022-2023**: _____

County where the school is located: _____ Student ID# _____

Does your child receive free/reduce lunch? YES NO

SECTION II: ATHLETIC WAIVER & RELEASE

The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, • I, FOR MYSELF, SPOUSE, AND CHILD/WARD, BY MY SIGNATURE BELOW DO, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for myself, my child/wards', participation; and, • I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', my own, readiness or, hazard during my presence or participation, and/or in the program itself, I will remove myself, child/ward, from participation and bring such to the attention of the nearest official immediately; and, • I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assignee(s), personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Florida Youth Football League (FYFL), my Local FYFL Affiliate(s), their officers, directors, officials, volunteers, agents, and/or employees, other athletes, sponsoring agencies, tournament host, sponsors, advertisers, partners, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', my own involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. • I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature: _____ Date: _____

SECTION III: SCHOLASTIC REQUIREMENT

The Final Report Card **2022-2023** must be attached. If the named athlete **DOES NOT MEET** the Florida Youth Football League scholastic requirement of a minimum of 2.0gpa/70% or higher. We the undersigned agree to the following terms: the athlete entering our program will be placed on academic probation. **Failure to submit the 1st semester report card for 2022-2023 school year or a progress report will automatically deem the athlete ineligible to play/cheer for the rest of the season, such as, but not limited to: remainder of regular season games, ANY and ALL POST-SEASON PARTICIPATION (Play-Offs, Superbowl, Championship Games, Cheer Competitions, etc.)**

Initials: _____



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SECTION IV: VIDEO/PICTURE WAIVER

I hereby grant permission for the Florida Youth Football League to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me and/or those of my minor child to be used by the Florida Youth Football League worldwide for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I understand the Florida Youth Football League may use such photographs with or without associating names thereto.

I further waive any claim for compensation of any kind for the Florida Youth Football League's use or publication of photographs of me and/or those of my minor child. I hereby fully and forever discharge and release the Florida Youth Football League from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of me and/or those of my minor child by the Florida Youth Football League, and covenant and agree not to sue or otherwise initiate legal proceedings against the Florida Youth Football League for such use or publication on my own behalf or on behalf of my minor child. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I acknowledge and represent that I am the Parent or Legal Guardian of the minor child have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor child. I have read and fully understand and agree. **Initials:** _____

SECTION V: MEDICAL FORM

If the Physical provided dated after January 1, of the current year will be voided by injury, accident, illness, and/or the athlete is removed from any participation as a result of a suspected concussion or heat related illness, it will be the responsibility of the Parent/Legal Guardian to notify the athletes Coach **AND** League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain **WRITTEN** permission from his/her physician to resume participation, which **MUST** include "(Athletes Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from resuming participating in youth flag football, tackle football, cheer, dance or any other athletic activity(s). I am therefore clearing this individual for Full Unrestricted Athletic Participation." This statement must be supplied by the physician to the athlete. I have read and fully understand and agree. **Initials:** _____

SECTION VI: CONSENT TO TREAT

I Hereby my signature grant permission for myself or my child/ward to participate in any and all, Florida Youth Football, Inc. (FYFL) and/or my Local FYFL Affiliate(s), program(s) sanctioned event(s), be they official or unofficial, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me. I have read and fully understand and agree. **Initials:** _____

Sworn to and subscribed before me this _____ day of _____, 2022 as to the truthfulness of the statements set forth in Sections 1-6 and acknowledged as being his/her free and voluntary act as to the remainder for the uses and purposes set forth therein.

NOTARY PUBLIC, STATE OF FLORIDA

_____ who is personally known to me
_____ who produced identification (type)

NOTARY PUBLIC STAMP

Print (Parent Name): _____

Parent Signature _____ Date: _____