

# Yarmouth Football Association Registration 2017

Please mail to P.O. Box 387, Yarmouth ME 04096  
Please make checks out to Yarmouth Football Association

Player's name: \_\_\_\_\_ Fall 2017 grade \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Home address: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Parents' e-mail: \_\_\_\_\_

Contacts in case of emergency if parents cannot be reached:

Name \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Name \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Primary Physician \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Insurance Policy Name and # \_\_\_\_\_ Group# \_\_\_\_\_

Does your child have any of the conditions listed below?

Allergies	Yes____No____	Asthma	Yes____No____
Heart problem	Yes____No____	Convulsive disorder	Yes____No____
Diabetes	Yes____No____	Other chronic illness	Yes____No____
Drug allergies	Yes____No____	Medications	Yes____No____

Please explain if you answered yes to any of the above and list any allergies. \_\_\_\_\_

YFA Use Only:

Emergency \_\_\_\_\_

Release of Liability \_\_\_\_\_ Jersey Size \_\_\_\_\_ Number \_\_\_\_\_

**Youth 4 – 6:** Paid: \_\_\_\_\_\$50 (Before June 1<sup>st</sup>) \_\_\_\_\_\$75 (After June 1<sup>st</sup>)

**Junior High 7 – 8:** Paid: \_\_\_\_\_\$100 (Before June 1<sup>st</sup>) \_\_\_\_\_\$125 (After June 1<sup>st</sup>)

Parent's Acknowledgement \_\_\_\_\_ Medical Clearance \_\_\_\_\_

Cash \_\_\_\_\_ Check number \_\_\_\_\_

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## Release of Liability:

In consideration of my child, \_\_\_\_\_ (the "Child"), being allowed to participate in the Yarmouth Football Association ("YFA") program, related events and activities, I acknowledge and agree that:

1. Football is a competitive contact sport that poses the risk of serious injury, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I knowingly and freely assume the risks of the Child's participation, both known and unknown, even if arising from the negligence of others and assume full responsibility for the Child's participation.
3. I agree individually, and on behalf of the Child, not to institute, or commence any action at law or equity for any injury or damage that may be sustained by the Child as a result of participation in the program. I agree to indemnify and hold harmless YFA, its directors, the coaches, sponsors, participants, persons transporting the Child, and volunteers from any claims, demands, or actions at law or equity that may be brought by or on behalf of the Child to recover for injuries or damages arising from participation in the program, whether from negligence or any other cause.
4. I agree individually, and on behalf of the Child, not to institute, or commence any action at law or equity for any injury or damage that may be sustained by the Child as a result of the use of equipment. Furthermore, I agree to indemnify and hold harmless Yarmouth Football Association ("YFA"), its directors, the coaches, sponsors, participants, and volunteers from any claims, demands, or actions at law or equity that may be brought by or on behalf of the Child to recover for injuries or damages arising from the use of this equipment, whether from negligence or any other cause.
5. I represent that the Child is medically fit to participate in the program. I have adequate medical health insurance to cover the Child in case of injury received while participating in the program and will report all injuries of the Child to the Child's coach within 24 hours of their occurrence.

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## Release of Liability (cont.):

6. I give YFA permission to use the Child's photo without the Child's name on the web and to use the Child's photo, name, height, weight, and number in rosters and other printed materials to be distributed to YFA football game attendees and as otherwise required in connection with games. I understand that YFA does not need my consent to each use of such material.

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Signature of Parent/Guardian

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Print Name

(Medical Clearances are good for 2 years)

## **Yarmouth Football Association 2017**

### **Physician Medical Clearance**

\_\_\_\_\_ was  
examined by me on \_\_\_\_\_ 201\_\_\_\_, and may  
participate in sports with no restrictions until 2 years from the date of the  
examination.

**Any limitations are as follows:**

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**Signature of Physician:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Yarmouth Football Association 2017

## Parent's acknowledgement

I acknowledge the following:

1. Families are responsible for providing the following equipment, sanctioned for competitive football:
  - Grades 4-6: helmet, mouth guard, athletic support and cleats.
    - **Optional Riddell Speed Helmet Rental - \$75 for season**
  - Grades 7-8: mouth guard, athletic support and cleats
  - Grades 9 -12: mouth guard, athletic support and cleats
2. Any uniforms or equipment YFA provides for use during the season must be returned at the end of the season. A player's family shall pay \$90 to YFA for any uniform that is not returned to YFA by November 30, 2016.
3. Rented helmets must be returned at the end of the season. If the helmet is not returned by 11/1, the player will be responsible for an additional cost of \$100, over and above the \$75 rental fee.
4. Raffle Tickets - All football players are responsible for selling and remitting raffle ticket payment of the full amount to YFA by September 30, 2017.
5. On September 30, 2017, the player will be responsible for submitting any difference between the amount of raffle tickets sold and the total contribution required.
6. There is no refund of registration fees after a child has attended 3 practices in full equipment.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission for Emergency Treatment:

In the event that I cannot be reached, or if the delay may cause serious danger to my child, I authorize medical and/or surgical treatment as may be deemed necessary or advisable for my child. I also authorize the release of medical information to insurance companies for the purpose of payment, and to health care providers who may treat my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date