

Spartan Youth Football Association 2012 Registration Form



Player Information

Last Name: _____ First Name: _____

New Player: _____ Returning Player: _____ Player's Date of Birth: _____

Player's Street Address: _____ City: _____ Zip: _____

Home Phone: _____

Mother's Name: _____ Work/Cell Phone: _____

Father's Name: _____ Work/Cell Phone: _____

Player resides with: *Both Parents* ___ *Mother* ___ *Father* ___ *Splits time between households* ___

Parent Address and Phone Number (if different from player):

Street: _____ City: _____ Zip: _____

Home Phone: _____

School Information

Fall 2012 Grade Level (please circle): 5th 6th 7th 8th School attending (Fall 2012): _____

High School Player Will Be Attending: ___ Brookfield East
___ Other (Please Specify and Explain) _____

E-mail Contact Information (please print clearly)

Primary E-mail: _____ Secondary E-Mail: _____

Player Registration Fee: \$295.00 **Volunteer Opt-Out Fee:** \$100.00

Late Fee: \$50 for all registrations submitted after March 31st

Refund Policy: Full refund minus \$25 processing fee on or before March 31st. 75% refund after March 31st, but before June 1st, no refunds after June 1st.

Volunteer Duties: All families are required to provide a minimum of 4 hours of volunteer time during the season, unless a \$100 *Volunteer Opt-Out Fee* is included with registration fees. Volunteer duties will be coordinated and assigned by individual Team Managers. If you are assigned a volunteer position and do not show up for the duties, you will be billed the \$100 as if you had opted out of volunteer duties. Please volunteer – your help is needed and appreciated!

___ I agree to volunteer to assist my child's team ___ I prefer not to volunteer and will include the **\$100 Volunteer Opt-Out fee**

Please complete and submit* this form along with your check made payable to:

Spartan Youth Football Association

P.O. Box 246

Brookfield, WI 53008-0246

*Please be sure you have adequate postage.

For more information on the SYFA, please visit the Jr. Spartans website at: www.JuniorSpartans.org

By completing and submitting this application, I verify that my child lives in the Brookfield East High School area and have read and will abide by the enclosed Spartan Youth Football absence & tardy policy.

Parent Signature: _____ Date: _____

For Office Use Only: _____ Cash _____ Check _____ Check Number _____ Player Number _____

Spartan Youth Football Association



CONSENT FOR EMERGENCY MEDICAL TREATMENT

Please complete and sign:

As the parent / legal guardian of _____
(Player name)

I, hereby, give my consent for emergency medical or dental care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Signature of Parent/Legal Guardian Phone Date

Name of responsible person to be contacted in the event that you cannot be reached:

Name Phone

Relationship to Player: _____

Height: _____ Weight: _____

Medical concerns and/or allergies?

Current medication? _____

Child's physician: _____ Phone: _____

Child's dentist: _____ Phone: _____

Insured person _____ Employer _____

Medical insurance with: _____

Identification # or Group #: _____

Spartan Youth Football Association



CERTIFICATION OF HEALTH, PARTICIPATION AND WAIVER OF LIABILITY

As the parent / legal guardian of _____ (player's name), I hereby certify that, to the best of my knowledge, the above-named player is in good health, with no apparent illness, physical or mental disabilities, or other limitations which would preclude participation in tackle football.

In addition, I hereby do attest that this child has had a physical examination within the last twelve months by a licensed physician and has received permission by this physician to participate in the Spartan Youth Football Association, Inc. (SYFA) competitive athletic program.

I, therefore, grant permission for the above-named player to compete and represent SYFA, in approved sports and to participate in the practice sessions necessary to train and condition him/her.

I do hereby forever release and discharge SYFA, and its officers and coaches from all liabilities, claims, causes of action, demands, damages, costs of fees, which the undersigned may now or hereafter have against said corporation for accident or injury which may occur to my child as a result of his/her participation in the athletic program.

Signature of Parent or Legal Guardian

Date

Accepted:

President, SYFA

Date

Spartan Youth Football Association

SYFA Player Code of Conduct



As a member of Spartan Youth Football I agree to follow the following code of conduct:

- I will exhibit good sportsmanship at every game, practice or other Spartan Youth Football event.
- I will be supportive of my teammates.
- I will listen to the coaches at all times.
- I will be respectful of my teammates, coaches, adult volunteers, referees, opponents and their fans. As such, I will not speak negatively of any of the people mentioned above.
- I will never intentionally attempt to injure another player.
- I expect a sports environment that is free from drugs, tobacco and alcohol and will refrain from their use at all times.
- I will avoid the use of foul language (swear words and/or negative comments) at all times.
- I will understand that my failure to follow any of the commitments listed above will lead to reduced playing time and possible expulsion from the Spartan Youth Football Program.

Player Name: _____ Player Grade Level _____

Player Signature: _____ Date: _____

SYFA Parents' Code of Ethics

I hereby pledge to provide positive support, care, and encouragement for my child participating in Spartan Youth Football by following this Parents' Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coaches be trained in the responsibilities of being a youth sports coach and that the coaches uphold the SYFA Coaches' Code of Ethics.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.
- I will remember that the game is for youth - not adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will help my child enjoy the Spartan Youth Football experience by doing whatever I can, such as being a respectful fan, assisting with coaching, volunteering services or providing transportation.
- I will address concerns regarding my child's participation in a private setting with the appropriate coach(es) and/or board member(s). Follow this two-step process.

1. Parent must set a meeting with the coach initially with concerns about participation/playing time. Note: Meeting should be at least 1 day after game.

2. If issue cannot be resolved with Coach, then the Parent or Coach may set up a meeting to include the President of the Junior Spartans Board and/or other board members.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____