

TUCSON YOUTH FOOTBALL & SPIRIT FEDERATION INC.
(TYFSF) (520)322-9779

Date: _____ Registration NO. _____

Regis. WT. _____ Regis. Div. _____

APPLICATION TO PARTICIPATE

Football (Tackle) Flag Spirit
Did you participate last year? Yes No

ASSOCIATION Sahuarita 49ers

Participant Name as it appears on the birth certificate _____ DOB _____ Age _____ (as of July 31st)

Address _____ Phone _____ E-mail _____

Street _____ City/State _____ Zip _____
School (In Fall) _____ Grade (In Fall) _____ (TYFSF & AYF do NOT allow 10th graders to participate)

Mother/Guardian _____ Employer _____ Phone _____

Father/Guardian _____ Employer _____ Phone _____

MEDICAL HISTORY: Does your child have or has had within the past year (put an X in box that applies to your child and briefly explain, include dates on the line provide).

- Head Injuries History of Heart Trouble Glasses/Contacts Fracture(s) Surgery Asthma
- Serious Injuries Repeated bone/joint trouble Bleeding tendencies Seizures (fits) Diabetes Allergies

*Explanation with dtes, known allergies, current medications & relevance _____

Tetanus (Date of last shot) _____ Family Physician _____ Medical/Dental Insurance _____ Hospital Preference _____

WARNING (Read carefully): There are inherent risks of injury with participation in the flag, tackle, & spirit programs.

I/We the parent(s)/guardian(s) of the above named participant to the TYFSF _____ association hereby give approval for participation in all TYFSF, Association, & AYF authorized activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from events, cities, and any persons transporting my child.

ACCIDENT AND DENTAL INSURANCE DISCLOSURE:

The medical expense benefit of this plan is an "EXCESS" type insurance program, which provides coverage on a primary or a secondary basis, this plan is secondary to any insurance benefits you have and will pay only the expenses not provided or reimbursable under your coverage and all claims under accidental bodily injury and dental insurance provided are subject to insurance policy limits. If the parent/guardian has coverage with PREPAID MEDICAL PLANS, the injured person MUST BE TAKEN TO THE PREPAID MEDICAL FACILITIES for treatment. If TYFSF insurance is primary (no other insurance plan applies) no deductible will apply.

NOTICE REGARDING DUAL PARTICIPATION and MEMORANDUM REGARDING 15 YEAR OLDS:

TYFSF and AIA rules preclude dual participation in TYFSF, High School and Middle School Tackle and Flag Football other than P.E. class & tryouts for School Spirit Squads. TYFSF and AYF allow 15 year olds to participate in tackle football; he/she can NOT be a sophomore (10th grader) in high school. If the above participant turns 16 years old prior to December 31st of the current season while he/she is eligible to participate in TYFSF regular season, city playoffs, championships, and other outside NON-AYF affiliated competitions, he/she will NOT be eligible for AYF regional and national competition as AYF does not allow 16 year olds to play.

CODE OF CONDUCT As a participant/athlete and a parent/guardian, we understand it is our responsibility to:

1. Place academic achievement as a high priority and to refrain from using alcohol, tobacco, drugs, and anabolic steroids.
2. Respect the integrity and judgment of game/competition officials before, during and after game/competitions.
3. To exhibit fair play, sportsmanship, proper conduct, respect teammates, opponents, officials, and coaches at all times, on and off the field.
4. Refrain from the use of profanity, vulgarity and offensive gestures before, during and after games
5. Adhere to established rules and standards for the sport I am involved with including; complete set of official rules of TYFSF, AIA, NFHS Spirit, and any other/application published rule book and/or manual. Be aware of and follow all applicable rules and regulations as they pertain to eligibility and participation.
6. Respect all equipment and uniforms issued to me and return in good condition.
7. WIN WITH CHARACTER, LOSE WITH DIGNITY

EMERGENCY MEDICAL RELEASE:

I/We the parent/guardian give our permission for any emergency treatment necessary either at practice, game or competition. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any authorized TYFSF or _____ Association function, including the supervised travel to and from said functions. This release expires on July 31, 20_____.

PARENTS AUTHORIZATION TO PARTICIPATE AND RELEASE INFORMATION:

In signing this agreement, I/we acknowledge that I/we have read and understand the information provided to me/us in this application. I/we agree that the information I/we provide is true and correct to the best of my/our knowledge. I/We will furnish the required documents of the above named participant upon request of TYFSF and/or Association officials. I/We agree to be financially responsible to the Association and TYFSF for said participant. I/We grant TYFSF, _____ Association & AYF the restricted and exclusive rights and permission free from approval review, to copyright and/or use my child's/ward's likeness in all media now and hereafter known, including but not limited to, pictures and video of my child which he/she may be included intact or in part for promotion or other commercial use. I/We acknowledge being advised of the rules and certify that all parties listed on this application will comply and that any violation of these rules is immediate justification and grounds for removal from the program subject to due process procedures.

Parent/Guardian Signature _____

Participant Signature _____

Start Date _____ WT _____ Sign _____ Ct. Wt. _____ Date _____ Sign _____ Sign _____ Div. _____ Team _____	CERTIFIED APPROVAL BY AUTHORIZATION Birth Certificate Sign _____ Sign _____ SCHOLASTICALLY VERIFIED Grade % _____ Date _____ Sign _____	REGISTRATION IS NON REFUNDABLE \$ _____ Sign _____ Receipt No. _____ _____ PIC PHY RC BC
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