



CENTRAL VALLEY YOUTH FOOTBALL AND CHEER
Player/Cheerleader Application

Team: _____

Previous Team: _____

Football

- ___ Starts
___ Rookies
___ JV
___ Varsity

Cheer

- ___ Mascots
___ Starts
___ Rookies
___ JV
___ Varsity

Participants Name: _____ Date of Birth: _____ Age as of Aug 15th: _____

Address: _____

City: _____ Zip Code: _____

Contact #: _____ Email: _____

Parents Name: _____ Contact #: _____

Emergency Contact: _____ Emergency #: _____

The CVYFC has a NO REFUND POLICY

By signing this application, I player/parent agrees to the following:

- I will follow the playing rules, as set forth by the CVYFC.
- I will follow any and all guidelines as set forth by my team as well as any CVYFC team or event.
- I will be responsible for returning/repairing/replacing all team equipment that is issued to me.
- I understand that I am a member of this team for the entire season, or until properly released.
- I understand that this team will be my home team from this point on, and that I must obtain an approved transfer from my team prior to going to another team in CVYFC.
- I understand that my team may handle problems and questions as directed, and that the outcome may not always go my way.
- I will not use, nor allow any person associated with me to use, foul language, obscene behavior, or un-sportsmanlike Gestures.
- I agree to act in an appropriate manner and to abide by all decisions of the coaching staff, executive board, league, referees, or staff at all times.
- I agree to play any position that I am assigned to, and that I will represent my team and coaching staff's decisions to the best of my ability.

By signing this application, I agree for my child and family to participate in a sport activity or an event sponsored by the CVYFC and the local team, its' agents, Directors, employees, coaches, or staff. I represent that my child is in good physical and mental condition. I understand that football and cheerleading are dangerous sports and that I, my son, and/or daughter will participate at our own risk. I agree that the CVYFC and/or any of its franchise teams will not be held liable for any injury or damage arising from their participation in any CVYFC sponsored event or competition. This waiver applies to all persons or entities acting on my, or my child's, behalf. I have read this application in its entirety and I fully understand and agree with its terms. This authorization shall remain in effect for a period of 10 years from the date signed. I understand that participation in tackle football/flag football/cheerleading can be dangerous. Your child could be temporarily or permanently injured and I hereby give my consent for my child to participate and compete in the CVYFC. I also hereby waive my right to privacy, and give the CVYFC, and its' authorized representatives the right to verify any and all information regarding our participation. I expressly give CVYFC permission to access my child's school record for the express reason of verifying his/her age.

Parent's/Guardian's Signature

Participant Signature

Date

Team President Signature

Date