

2020



NORTH FLORIDA YOUTH FOOTBALL CONFERENCE  
NORTH FLORIDA YOUTH CHEER CONFERENCE  
PARTICIPANT REGISTRATION FORM



2020

Participant Full Name: \_\_\_\_\_  
(exactly as it appears on child's birth certificate)     FIRST                                  MIDDLE                                  LAST

Nickname: \_\_\_\_\_

Participant's Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City    State    Zip

Participant's DOB:                          \_\_\_\_ / \_\_\_\_ / \_\_\_\_                          Participant's Weight:      \_\_\_\_ lbs.  
MM                          DD                          YYYY                          (for football only)

Participant's Grade Level                          \_\_\_\_\_                          Sport:      \_\_\_\_ Tackle Football                          \_\_\_\_ Cheer/Dance  
(for 2020-2021 school year)

Years of Participation in the Sport: \_\_\_\_\_

Does Participant have any allergies or special conditions?      \_\_\_\_ Yes      \_\_\_\_ No      (if yes, please describe below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian/Emergency Contact Information:**  
**\*\*MUST LIST TWO PEOPLE OVER THE AGE OF 18\*\***

Parent/Guardian 1	Parent/Guardian 2 (or other person to contact in case of an emergency)
Name: _____	Name: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____
Email (required): _____	Email (optional): _____



This document is to be completed by a parent or legal guardian of the minor child named at the bottom of this document (the "Participant") who will be participating in youth tackle football or cheerleading (collectively, the "Sport") during the year listed on the top of this document. For purposes of this document, North Florida Youth Football Conference and North Florida Youth Football Cheer Conference collectively shall be referred to as the "Conference", and Fernandina Beach Football Association shall be referred to as the "Association".

1. **PERMISSION:** I, the undersigned parent or legal guardian of Participant, hereby declare that Participant is in good general health and grant my permission for Participant to participate in the Sport and all related activities. This may include transportation to and from activities by a licensed driver with proof of insurance.
2. **ASSUMPTION OF THE RISK AND WAIVER:** I hereby acknowledge that participation in tackle football and cheerleading/dance necessarily involves travel, play in adverse conditions and on irregular surfaces, contact with considerable force, and risk of serious injuries, including but not limited to: bruising; scrapes; strained, sprained or torn muscles, tendons or ligaments; broken bones; dislocation of joints; concussion; nerve and spinal cord injury; permanent disability; paralysis; and death. I fully acknowledge and understand that protective and safety equipment does not prevent all injuries. For myself and on behalf of Participant, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk. Furthermore, for myself and on behalf of Participant, our heirs, assigns and next of kin, we hereby waive, release, absolve, indemnify and agree to hold harmless the Conference and the Association, including their employees, officers, board members, volunteers, officials, sponsors, supervisors, other participants, persons providing transportation and other representatives from any and all claims, demands, costs, expenses, and compensation arising out of any injury to Participant whether the result of negligence or for any other cause.
3. **AUTHORIZATION FOR MEDICAL TREATMENT:** I hereby authorize any and all emergency medical, surgical, and/or dental examinations and treatments to be administered to Participant, including authorization for first responders, medical treatment facilities and/or hospitals to administer emergency treatment, for any illness, injury or accident resulting from participation in any and all Conference and/or Association activities. I further authorize the coaches, team parents, and the emergency contact person I have identified on the Participant Registration Form, as well as other officials of the Conference and Association to act as agents in the capacity of supervisors and vehicle drivers, and to provide first aid to and perform CPR on Participant if needed.
4. **PHOTO RELEASE AND COMMUNICATION CONSENT:** I hereby grant the Conference and the Association, including their representatives and designees, the perpetual right to use Participant's name and likeness, any photograph, film, videos, recordings, and/or other depictions or images in any form or media in connection with Participant's participation in any Conference and/or Association activities, including but not limited to practices, games, competitions, team gatherings, fundraisers, etc., to be used for advertising, promotion, or any other purpose whatsoever. I further consent to receive communications via email and mail from the Conference and the Association, including their affiliates and partners (which may include local high school athletic departments and local camps relevant to the Sport).
5. **INSURANCE:** I understand that the Conference and/or the Association offer group health insurance, however this insurance is to be considered secondary or excess for medical purposes. Any and all valid insurance that I possess will be considered the primary insurance. I agree to provide notice to the Association as soon as possible if I will be filing a medical claim as a result of Participant's participation in any Conference and/or Association activity.
6. **EQUIPMENT AND FINANCIAL RESPONSIBILITY:** I agree to assume full responsibility for all equipment and/or uniforms issued to Participant by the Association and I agree to promptly return, upon request, all equipment and/or uniforms loaned to Participant. I agree to immediately reimburse the Association for any lost or damaged (other than normal wear and tear) equipment and/or uniforms. I further acknowledge that all registration fees and deposits are set by the Association and I have been advised of and agree to the refund policies, if any, for such costs. I also acknowledge that admission fees will be charged for spectators at Conference and Association activities, including but not limited to games, jamborees, tournaments and competitions.
7. **CODE OF CONDUCT: (1)** I hereby agree to encourage good sportsmanship by demonstrating and providing positive support for all participants, coaches, volunteers, officials and other parents/guardians at every game, practice, competition or other Conference and/or Association activities. I will not use vulgarity or profane language, throw objects, make threats, or verbally or physically assault anyone during these activities. **(2)** I agree that I will not use any tobacco, non-prescription drugs or alcohol during any Conference and/or Association activities nor may I appear intoxicated. **(3)** I understand that I will not be allowed on the field/mat for games, practices or competitions unless I have been approved and certified as a volunteer for the current season and am wearing my issued badge. **(4)** I understand that the Association may require me, as many times as needed, to work in the concession stand, gate duty, holding chains, play counting on the field, bringing snacks/drinks, fundraising activities, park clean-up, or other areas where needed. I hereby agree to fulfill all of these requirements.
8. **RULES AND REQUIRED DOCUMENTATION:** I hereby agree to comply with all Conference and Association rules and policies, including the Code of Conduct, and I fully understand that failure to comply may result in discipline and/or dismissal of Participant, myself, and/or any other persons affiliated with myself and Participant. I understand the Conference Rule Book is available online at [www.northfloridafootball.com](http://www.northfloridafootball.com) and may be updated to new versions from time to time. I agree it is my responsibility to stay apprised of the current rules of the Conference. I further agree to provide all required documentation to the Conference and/or Association, including this document, the Participant Registration Form, a copy of Participant's certified birth certificate, the FHSAA physical examination form completed and signed by a medical professional in the same calendar year as that which appears at the top of this document, and any other documents the Conference or Association may require. If my name does not appear on Participant's birth certificate, I agree to provide a copy of any legal documents requested by the Conference to prove that I am the current legal guardian of Participant. I understand that Participant will not be allowed to participate until all required documentation is submitted and approved.
9. **DISPUTE RESOLUTION AND SEVERABILITY:** I hereby understand and acknowledge that all claims and disputes between myself/Participant and the Conference and/or the Association, including their employees, officers, directors, representatives, volunteers and any other affiliated parties, shall be subject to binding arbitration in lieu of any litigation between said parties. The binding arbitration shall be in the Northeast region of Florida in accordance with Florida law. An award of arbitration may be confirmed in a court of competent jurisdiction. I also understand that if I contest any ruling of the Conference and/or Association and seek other recourse, I will reimburse any legal fees and expenses reasonably incurred by the Conference and Association. If any portion of this document shall be deemed unenforceable, illegal and/or invalid, the remainder shall remain in full force and effect.

I hereby confirm that I have read, fully understand and voluntarily agree to all of the above terms in consideration of Participant's participation in the Conference and Association programs.

\_\_\_\_\_  
 Participant's Name (as it appears on birth certificate)

\_\_\_\_\_  
 Parent/Legal Guardian Name (printed clearly)

\_\_\_\_\_  
 Parent/Legal Guardian Signature

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