

BACK RIVER YOUTH SPORTS ASSOCIATION

2019 Registration

Football (\$165) _____ Flag (\$105) _____ Cheerleading (\$165) _____

Raffle Tickets:

First Child (\$50) _____

Additional child (\$25/each) _____



Participant's Name _____

Age as of (7/31/2019) _____ Date of Birth: _____

Mini Mites Flag _____ Mite _____ Mighty Mite _____ Midget _____ Junior _____

Is your child: New Participant _____ Returning Participant _____ 3 Jersey #s: _____

Transferring from another PYFCO team? if yes, which team _____

(Note: those transferring from another PYFCO league must complete the PYFCO Transfer Form)

Parent/Guardian's Name: _____

Address: _____

Cell # _____ Receive Texts: Y / N Primary Contact: Y / N

Home Phone # _____ E-mail: _____

Parent/Guardian's Name: _____

Address: _____

Cell # _____ Receive Texts: Y / N Primary Contact: Y / N

Home Phone # _____ E-mail: _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Physician's Name & Phone Number: _____

Insurance Provider: _____ Policy Number: _____

Medication/Medical Condition of Participant: _____

Back River Youth Sports Association 2019 Registration Form
AGREEMENT AND CONSENT
MAR 6, 2019 – DEC. 31, 2019

The undersigned hereby grants permission for the above named youth to participate in any and all activities of Back River Youth Sports Association. I assume all risk incidentals to such participation. I hereby waive, release, absolve, indemnify and agree to hold harmless BRYSA, its' league officials, respective coaches, other players, parents/guardians, sponsors, participants, volunteers and any other persons. I further grant permission for emergency first aid to be given to the minor in case of injury. Furthermore, I grant permission for this minor to be taken to the emergency room of a nearby hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of this minor.

I understand that my child's team picture may be posted on the website, and give my permission to have my child's individual picture posted as well. I will be responsible for any equipment or uniforms the player received during the season and agree to return all equipment at the end of the season or I will be charged for the cost of the equipment or uniform (excluding football player's jersey).

I understand that concessions and apparel sales are an integral part of BRYSA fundraising. **I agree to work at the concession stand and/or the spirit wear sales tent for at least one (1) game for EACH player or cheerleader participating with BRYSA. I understand that I have the option to buy out of this responsibility for the amount of \$50 to be paid at Registration.**

I will work at the concession stand and/or spirit wear sales tent. Initials_____

I elect to buy out of this responsibility and pay \$50. Initials_____

I understand that if I do not purchase the buyout option upon registration and fail to show up on my scheduled concession time slot, then there will be a balance of \$50 placed on my account. I understand that I will not be able to register my child the following season until my balance is paid in full. The only adults that are not required to work concessions are the coaches. Coach's families, team moms and BRYSA board members will also be required to select one of the above options.

I understand that the assignment of my child to the league teams is at the discretion of the league officials. I will furnish a certified state birth certificate of the above named candidate when requested to do so by the league. Both the participant and Parent/Guardian agree to abide by the rules of play adopted by the BRYSA and the Code of Conduct in the BRYSA by-laws.

RAFFLE TICKET POLICY:

I understand that there is a mandatory raffle fee of \$50 per participant (10 tickets), with an additional \$25 per each additional sibling (5 tickets each). I understand that the participant will not receive his or her uniform if the raffle fee has not been paid. I also understand that I will not receive the raffle tickets until they have been paid for in full.

Parent / Guardian Signature_____Date_____

BRYSA Board Member Signature_____Date_____

To be completed by BRYSA Officials:

Registration Information: **Approved State ID received** _____

Sibling Discount Applied: Y / N Amount: _____ Sibling: _____

Football/Cheer Team: FLAG/M/MM/MID/JR

Payment Information:

Amount Paid: _____ Check # _____ Cash _____ Credit _____

Application Processed By: _____

HS Applicant: 1 HS Request Rcvd: _____ Reviewed: _____

HS Approved: 1 Date: _____ Initials _____