

NEW   
(Staple copy of Birth Certificate  
to back of original form)



TRANSFER   
(Attach signed release form)  
Transfer from: \_\_\_\_\_

RETURNEE

20\_\_\_\_\_

**PLAYER - CHEERLEADER**

**TAMPA BAY YOUTH FOOTBALL LEAGUE INC. /FLYAA REGISTRATION FORM**

Team/Organization Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Division:  Mighty Mite/Flag  Midget  Player  
 Pee Wee  
 Super Midget  Varsity  Cheerleader

Participants age - current season  
Player age @ 7/31   
Cheerleader age @ 9/1

**PARTICIPANT INFORMATION:** *Please print legibly on this form*

CHILD'S NAME \_\_\_\_\_  
Last Name

First Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

Childs Nickname \_\_\_\_\_

EMERGENCY PHONE # \_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

**Information request for FLYAA Tutorial Program:**

SCHOOL \_\_\_\_\_

SCHOOL ID # \_\_\_\_\_

GRADE \_\_\_\_\_ Does above named child participate in Free/Reduced Lunch Program? YES NO

**PARENT/GUARDIAN INFORMATION:**

GUARDIAN #1 \_\_\_\_\_  
Last Name

First Name \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(If different than above)

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER/JOB \_\_\_\_\_

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GUARDIAN #2 \_\_\_\_\_  
Last Name

First Name \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

CONTACT PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(If different than above)

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER/JOB \_\_\_\_\_

**FAMILY MEDICAL INSURANCE:**

Do you have primary insurance coverage for above child ? YES NO Insurance Carrier \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Allergies: (list all allergies) \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**Image Release:**

In consideration of the minor child/ward indicated above, being allowed to participate in any way in the TBYFL/FLYAA Football/Cheerleading Program, related to events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the sports program.

**I HAVE READ AND AGREE TO ABIDE BY THE TERMS OUTLINED ABOVE AND ON THE REVERSE SIDE OF THIS FORM**

Witnessed by \_\_\_\_\_  
Date \_\_\_\_\_

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**TAMPA BAY YOUTH FOOTBALL LEAGUE INC. /FLYAA**  
**PLAYER/CHEERLEADER**  
**REGISTRATION FORM AND PARENT/GUARDIAN AGREEMENT**

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I/We the parents(guardians) of the named child do hereby give my/our consent to his/her participation in any and all of the activities during our (TBYFL/FLYAA) current season.

I/We understand my signature on the front side of this registration form indicates I have read and I/we are in agreement with the following statements:

I/We do assume all the risks and hazards incidental to the conduct of the activities, and transportation to and from activities.

I/We likewise release from responsibility any person transporting my/our son/daughter to or from activities.

I/We do, further release, absolve, indemnify and hold harmless the Tampa Bay Youth Football League and FLYAA, the organizers, sponsors or supervisors appointed by them (TBYFL/FLYAA).

It has been explained to me and I/we understand that football and cheerleading are dangerous sports, and injuries from participation in these activities can be serious.

I /We hereby consent to any and all medical treatment which may be deemed necessary by the attending physicians. It is my intent to grant authority to administer and perform all examinations, treatment and diagnostic procedures, which may be deemed advisable and necessary during the course of my child's care.

In case of injury during a practice or game, the boy/girl will receive first-aid attention. The team sponsor or coach will not be held responsible for any medical attention, which might be required.

TBYFL/FLYAA assumes no liability for what happens when it comes to the events of football/cheerleading due to any unforeseen accident or death, the parents/family have waived their legal rights.

A limited Athletic Benefit Insurance Policy will be provided for the each participant.

Such insurance coverage is intended to supplement your present homeowners' and/or hospitalization insurance.

I/We understand the TBYFL Insurance Fee is non-refundable.

This fee is payable before my/our son/daughter is allowed to start practice

It has been explained to me and I understand that if my child becomes injured at school or during a football/cheerleading practice or game, a medical release form must be provided before resuming participation with any athletic team associated with TBYFL/FLYAA.

I/We further agree to return all uniforms and equipment issued to our son/daughter at such time as his/her sponsor or coach may request, and to pay the cost of repair/replacement of said equipment in the event of damage/loss. Equipment not returned will be grounds for not releasing my son/daughter to another organization.

I/We understand that under TBYFL rules Pee Wee players are required to play a minimum of 8 plays and all other squads are to play a minimum of 5 plays.

I/We acknowledge that we are required to access or request a copy from the Organization my/our child is registered with, the Rules and Regulations of the Tampa Bay Youth Football League (website address [www.TBYFL.com](http://www.TBYFL.com))

I/We acknowledge that we have read the Rules and Regulations of the Tampa Bay Youth Football League and understand the rules regarding Birth Certificates and/or verification of date of birth.

The information provided about my child's name, date of birth, age, address, school information and photo is correct.

I authorize TBYFL/FLYAA to request official school records that verify information is correct and that my child is in good standing and eligible to participate in youth football/cheerleading.

I/We further understand misrepresenting my/our son/daughter or their age could result in forfeiture of all games by his/her team, suspension and/or criminal prosecution.

My child will abide by the rules of the Tampa Bay Youth Football League & Florida Youth Athletics Association.

**PARENTS CODE OF ETHICS**

- I will support the team and coaches that he/she plays for.
- 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 support the coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will remember that the game is for the players/cheerleaders - not for adults.
- I will do my best to make youth sports fun for my child.
- I will help my child enjoy the sports experience by doing whatever I can, such as being a respectful fan or assisting coaches.
- I will expect my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will not interfere with the team policies and behave as a fan supporting his/her team.
- I will not start any fights or arguments with the coaches, referees, or the opposing team.
- I will support good sportsmanship and fair play.