

# Yarmouth Football Association

## 2023 Youth Registration

Player's name: \_\_\_\_\_ Fall 2023 grade \_\_\_\_\_

Date of birth: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Player Cell numbers: \_\_\_\_\_

Home address: \_\_\_\_\_

Father's name: \_\_\_\_\_ Email \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Email \_\_\_\_\_ Phone: \_\_\_\_\_

Contacts in case of emergency if parents cannot be reached:

Name \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Name \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Primary Physician \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Insurance Policy Name and # \_\_\_\_\_ Group# \_\_\_\_\_

Does your child have any of the conditions listed below?

Allergies Yes \_\_\_\_\_ No \_\_\_\_\_ Asthma Yes \_\_\_\_\_ No \_\_\_\_\_

Heart problem Yes \_\_\_\_\_ No \_\_\_\_\_ Convulsive disorder Yes \_\_\_\_\_ No \_\_\_\_\_

Diabetes Yes \_\_\_\_\_ No \_\_\_\_\_ Other chronic illness Yes \_\_\_\_\_ No \_\_\_\_\_

Drug allergies Yes \_\_\_\_\_ No \_\_\_\_\_ Medications Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain if you answered yes to any of the above and list any allergies. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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YFA Use Only:

Registered (YCS/AD) \_\_\_\_\_ Emergency \_\_\_\_\_ Release of Liability \_\_\_\_\_

Parent's Acknowledgement \_\_\_\_\_ Medical Clearance \_\_\_\_\_ Jersey Size \_\_\_\_\_ Number \_\_\_\_\_

Please mail to Yarmouth Football Association PO Box 387 Yarmouth ME 04096 by 8/21/23

# Yarmouth Football Association

## 2023 Release of Liability

In consideration of my child, \_\_\_\_\_ (the "Child"), being allowed to participate in the Yarmouth Football Association ("YFA") program, related events and activities, I acknowledge and agree that:

1. Football is a competitive contact sport that poses the risk of serious injury, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I knowingly and freely assume the risks of the Child's participation, both known and unknown, even if arising from the negligence of others and assume full responsibility for the Child's participation.
3. I agree individually, and on behalf of the Child, not to institute, or commence any action at law or equity for any injury or damage that may be sustained by the Child as a result of participation in the program. I agree to indemnify and hold harmless YFA, its directors, the coaches, sponsors, participants, persons transporting the Child, and volunteers from any claims, demands, or actions at law or equity that may be brought by or on behalf of the Child to recover for injuries or damages arising from participation in the program, whether from negligence or any other cause.
4. I agree individually, and on behalf of the Child, not to institute, or commence any action at law or equity for any injury or damage that may be sustained by the Child as a result of the use of equipment. Furthermore, I agree to indemnify and hold harmless Yarmouth Football Association ("YFA"), its directors, the coaches, sponsors, participants, and volunteers from any claims, demands, or actions at law or equity that may be brought by or on behalf of the Child to recover for injuries or damages arising from the use of this equipment, whether from negligence or any other cause.
5. I represent that the Child is medically fit to participate in the program. I have adequate medical health insurance to cover the Child in case of injury received while participating in the program and will report all injuries of the Child to the Child's coach within 24 hours of their occurrence.
6. I give YFA permission to use the Child's photo without the Child's name on the web and to use the Child's photo, name, height, weight, and number in rosters and other printed materials to be distributed to YFA football game attendees and as otherwise required in connection with games. I understand that YFA does not need my consent to each use of such material.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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(Medical Clearances are good for 2 years)

# Yarmouth Football Association

## 2023 Physician Medical Clearance

\_\_\_\_\_ was examined by me on  
\_\_\_\_\_ 202 \_\_\_\_, and may participate in sports with no restrictions until 2 years from  
the date of the examination.

Any limitations are as follows:

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Signature of Physician: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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# Yarmouth Football Association

## 2023 Parent's Acknowledgement

I acknowledge the following:

1. Families are responsible for providing the following equipment, sanctioned for competitive football:
  - a. Flag participants (PreK-5<sup>th</sup>): cleats or sneakers
  - b. Youth Tackle (Grades 5-6): mouth guard, athletic support and cleats.
  - c. Middle School (Grades 7-8): mouth guard, athletic support and cleats
  - d. High School (Grades 9 -12): mouth guard, athletic support and cleats
2. Any uniforms YFA provides for use during the season must be returned at the end of the season. A player's family shall pay \$100 to YFA for any uniform that is not returned to YFA by November 30, 2023. (This does not apply to Flag Football participants. Flag participants keep their uniforms.)
3. Raffle Tickets - All football players are expected to support our program by selling a minimum number of raffles tickets and submit payment to YFA by September 30, 2023.
  - a. Flag participants - \$100 (Sell \$300 to receive L.L.Bean Yarmouth Football duffie)
  - b. Youth Tackle participants - \$150 (Sell \$300 to receive L.L.Bean Yarmouth Football duffie)
  - c. Middle School participants - \$150 (Sell \$300 to receive L.L.Bean Yarmouth Football duffie)
  - d. High School participants - \$250 (Sell \$400 to receive L.L.Bean Yarmouth Football duffie)
4. On September 30, 2023, the player will be responsible for submitting any difference between the amount of raffle tickets sold and the total contribution required. (Note: If a player has a unique situation that impacts their ability to sell the minimum or make up the difference, please let a coach or YFA Board member know prior to September 30<sup>th</sup> so we can either assist with selling and/or consider a participant's waiver)
5. There is no refund of registration fees after a child has attended 5 practices in full equipment.

Parent's Signature: \_\_\_\_\_

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

Permission for Emergency Treatment:

In the event that I cannot be reached, or if the delay may cause serious danger to my child, I authorize medical and/or surgical treatment as may be deemed necessary or advisable for my child. I also authorize the release of medical information to insurance companies for the purpose of payment, and to health care providers who may treat my child.

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

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