

FEES

Football (New)..... \$185
Cheer (New).....\$175
Returning Football.....\$160
Returning Cheer.....\$150

Returning Registration Discount expires 4/30/19



Received Date Stamp

2019

Received by _____

Amt Paid _____

Receipt#/Bk _____

Balance _____

Paid in Full _____

ARGYLE FOREST YOUTH SPORTS ASSOCIATION Inc.

FOOTBALL AND CHEER DIVISION [] (6 U) 5-6 [] (8 U) 7-8 [] (10U) 9-10 [] (12U) 11-12 [] (14U) 13-14 [] Cheer

[] FOOTBALL \$185 CHEER \$185 OFFICE USE ONLY

Sibling Player/Cheerleader _____
Amt Paid _____ (CASH or Money order ONLY) Sibling discount can NOT be Combined with discounted rate
All other registrants must be paid in full with required documents at registration. *Medical clearance and final report cards must be submitted before practice begins or THE PLAYER CANNOT PRACTICE.]

PLEASE PRINT (Name must match birth certificate exactly)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

Name participant wishes to be called _____

ADDRESS _____ CITY _____ ZIP _____

PHONE () _____ BIRTH DATE _____ AGE ON 8/1/2019 _____ Grade as of 08/2019 _____

WEIGHT AT REGISTRATION (Football) _____ lbs T-Shirt size _____ Shorts/ Pant size _____

*HIGH SCHOOL DISTRICT _____

EMERGENCY CONTACT _____ PHONE () _____

FATHER/GUARDIAN [] Primary

MOTHER/GUARDIAN [] Primary

NAME _____

NAME _____

ADDRESS (if different) _____

ADDRESS (if different) _____

CITY, ZIP _____

CITY, ZIP _____

PHONE () _____

PHONE () _____

BUS PH () _____ CELL () _____

BUS PH () _____ CELL () _____

E-MAIL (mandatory) _____

E-MAIL (mandatory) _____

PARENTAL CONSENT: PLEASE READ AND SIGN: APPLICATION MUST HAVE AT LEAST ONE PARENT/GUARDIAN SIGNATURE

I/WE, the Parents/Guardians of the above named candidate for a position on any of the AFYSA Youth Football/Cheer teams, hereby give MY/OUR approval to his/her participation in any and all AFYSA Youth Football/Cheer activities during the current season. I/WE assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/WE do hereby waive release, absolve, indemnify and agree to hold harmless the AFYSA Youth Football League and its Associations, the sponsors, supervisors, participants, volunteers and persons transporting MY/OUR child to and from activities for any claim arising out of injury to MY/OUR child. I/WE and participant agree to abide by the AFYSA Rules of Conduct. I/We give the AFYSA President or his/her designee permission to verify our child's age if needed by the use of our child's school records. The AFYSA reserves the right to refuse to accept ANYONE or to remove ANYONE from the program at anytime as the AFYSA sees fit so as to preserve the safety, integrity and character of the AFYSA and its' participants. All involved with the AFYSA in any capacity must obey the Codes of Conduct as set forth by the AFYSA whether they have received and or signed said code of conduct or not.

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

PARENT/PARTICIPANT RULES OF CONDUCT: I/WE and MY/OUR child agree to abide by the Rules of Conduct and understand the possible consequences of violating the Rules of Conduct. It IS possible my child may NOT be able to play this season, due to lack of registration in his/her age division. All paid monies will be refunded)

EQUIPMENT LIABILITY: Parent/Guardians are responsible for return of all equipment and uniforms, clean and in good condition. You, the Parent/Guardian will be responsible for reimbursement to the league any cost of lost or excessively damaged equipment or uniforms.

*Failure to return all issued equipment could result in criminal prosecution for Failure to Return Rental property.

WEB SITE PICTURES: I/WE give permission to have my child's picture on AFYSA web site and any association ID card.

Note: If you have any questions, please contact us at 904-382-5838 OR argylespartans@ymail.com

I/WE have read the above and agree and understand the policies set forth above. ALL REGISTRATION FEES ARE NON-REFUNDABLE

Early Returning Registration RATE ONLY AVAILABLE THROUGH April 30th 2019.

X _____ X _____
(Father/Guardian Signature) (Date) (Mother/Guardian Signature) (Date)

FOR LEAGUE USE ONLY

TEAM ASSIGNMENT: _____ DIVISION: _____ MED RELEASE _____ PICTURE _____ BIRTH CERT. _____