

FEES	
Football (New).....	\$185
Cheer (New).....	\$185
Returning Football.....	\$160
Returning Cheer.....	\$160
Returning Registration Discount expires 6/30/20	



Received Date Stamp  
\_\_\_\_\_ 2020

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 8/1/2020 \_\_\_\_\_ Grade as of 08/2020 \_\_\_\_\_

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 30<sup>th</sup> 2020.

X \_\_\_\_\_ X \_\_\_\_\_  
 (Father/Guardian Signature) (Date) (Mother/Guardian Signature) (Date)

**FOR LEAGUE USE ONLY**  
 TEAM ASSIGNMENT: \_\_\_\_\_ DIVISION: \_\_\_\_\_ MED RELEASE \_\_\_\_\_ PICTURE \_\_\_\_\_ BIRTH CERT. \_\_\_\_\_