



# STANWOOD YOUTH FOOTBALL

## 2016 Football Registration Form - Pg 1

*Please select the age/grade of participant as of July 31st, 2016.*

Pee Wees \_\_\_\_\_ 89'ers \_\_\_\_\_  
5 y.o. - \$100, 6-7 y.o. (1st & 2nd Grade) - \$300 8 - 9 years old (3rd & 4th Grade) - \$300 Seniors \_\_\_\_\_  
Juniors \_\_\_\_\_ Bantams \_\_\_\_\_ 8th Grade - \$175  
10 - 11 years old (5th & 6th Grade) - \$300 7th Grade - \$300

**Registration fees must be paid IN FULL by 6/1/2016.**

**Early Registration Discount (prior to May 1, 2016): Seniors deduct \$25, Peewees, 89ers, Juniors, and Bantams deduct \$50. No early discount for 5 y.o. players or first year players.**

**There will be a \$200 gear deposit due at gear issue in July. A check will be required at gear issue but will not be cashed unless gear is not returned before 12/31/2016 in clean and satisfactory condition.**

**Players who are entering into the 9th Grade (regardless of age) or a player who turns 15 at anytime during our season may not participate in SYF.**

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
Height: \_\_\_\_\_ Weight \_\_\_\_\_  
Returning SYF Player? \_\_\_\_\_ Last Years Team/Division: \_\_\_\_\_  
Years playing tackle football? \_\_\_\_\_ Player age as of August 1st: \_\_\_\_\_  
List Siblings Playing for SYF? \_\_\_\_\_ Special Request: \_\_\_\_\_

Preferred Jersey # \_\_\_\_\_ Second Choice # \_\_\_\_\_ #'s are not guaranteed  
Parent/Guardian Name 1 \_\_\_\_\_ Cell# \_\_\_\_\_  
Parent/Guardian Name 2 \_\_\_\_\_ Cell #2 \_\_\_\_\_  
Parent Guardian Email 2 \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

[EMAIL US AT spartanfootball@hotmail.com](mailto:spartanfootball@hotmail.com) CALL US AT 425-422-9106 or  
[VISIT US AT - www.stanwoodyouthfootball.com](http://www.stanwoodyouthfootball.com)

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# 2016 Football Registration Form - Pg 2

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician(s): \_\_\_\_\_ Phys Ph#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

List any/all known medical conditions: \_\_\_\_\_

### **EMERGENCY MEDICAL AUTHORIZATION**

*I/we, the parents/guardians of the above named participant , hereby give my/our authorization for any emergence medical treatment of the participant for any injury resulting from any activity of SCYF and /or including trasportation to or from such activity. It is understood that the efforts shall be made to contact the undersigned or other emergency contact person as indicated above prior to rendering treatment to the injured participant. This authorization shall expire on December 31st , of the year this application is signed.*

### **AGREEMENT TO HOLD HARMLESS**

*I/we, the parents/guardians of the above named participant, hold Stanwood Camano Youth Football, it's coaches, board members, and representatives harmless for any and all costs associated with the injury of my child. I assume full responsibility for all risks and hazards of allowing my child to play football and I do hereby release waive, absolve, indemnify and agree to hold harmless Stanwood Camano Youth Football, the board, its affiliates, the organizers, directors, coaches, supervisors, managers, participants, and persons transporting my child, and Stanwood Camano Youth Football for any claim of injury, fatal or otherwise.*

### **REFUND POLICY**

*It is the policy of the STANWOOD YOUTH FOOTBALL that no refunds are allowed after a child has played in a sanctioned game or practice. Full refunds will be offered if cancellation is received by us either through our registration system and/or in writing tospartanfootball@hotmail.com by 7/1/2015. If cancellation occurs on or after 7/2/2015 and is before a sanctioned game or practice, refund of the registration fee will be given LESS an administrative handling fee and associated equipment/jersey costs incurred by STANWOOD YOUTH FOOTBALL on behalf of player.*

### **FUNDRAISING**

*Fundraising is an essential function to bridge the gap between affordability and operation costs. To offset this difference, we fundraise! It is expected that every player participate in reaching a fundraising goal amount of \$100 in our leagues fundraising event(s). We are offering you the option to pay the expected fundraising amount (or Buyout) upfront. Buying out of the fundraiser does not mean that you can skip the fundraising related team event. If you would like to pay this \$100 portion upfront, please add \$100 to your amount due and make note that you are opting to pay for fundraising in advance. Thank you.*

I understand and do hereby agree to the following policies:

Parent/ Guardian 1 signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian 2 signature \_\_\_\_\_ Date \_\_\_\_\_

### **CHECKS PAYABLE TO SYF**

**MAIL TO: SYF, 26910 92nd Ave NW C-5, PMB 117, Stanwood, WA 98292**

Please volunteer and circle what you are interested in:

- |              |                       |                       |                      |
|--------------|-----------------------|-----------------------|----------------------|
| Board Member | Fundraising Committee | Concessions           | Field Maintenance    |
| Head Coach   | Asst. Coach           | Team Parent           | Field Monitor        |
| Equipment    | Chain Crew            | Community Development | Scoreboard Operator  |
|              |                       |                       | Field Setup/Takedown |