



WILLAMETTE YOUTH FOOTBALL AND CHEER REGISTRATION FORM

Player Last Name: _____ Player First Name _____

Birth Date: ____/____/____

M	F
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 Grade: _____ Age: _____ School _____

Home Address: _____ Apartment/Space Number: _____

City: _____ Zip: _____

Home Phone: (____) _____

Email Address: _____

Tackle Football: _____ Cheer: _____

Parent/Guardian: _____ Cell Phone: (____) _____

Parent/Guardian: _____ Cell Phone: (____) _____

IS YOUR CHILD ELIGIBLE TO RECEIVE FREE LUNCH? YES NO

IF SCHOLARSHIP ASSISTANCE IS NEEDED, PROOF OF FREE LUNCH OR INCOME IS REQUIRED UPON REGISTRATION.

Emergency Contact (we will only contact this person if WYFC is unable to reach parent/guardian):

Name: _____ Phone #: (____) _____

PERMISSION TO PLAY

As parent/guardian I release above named child to participate in current WILLAMETTE YOUTH FOOTBALL & CHEER program. I release WYFC/agents from any liability for injury resulting from participation. I will reimburse Willamette Youth Football & Cheer for any unreturned equipment/gear. I agree to abide by and uphold WYFC rules, policies and procedures, including but not limited to the WYFC code of conduct policy, to respect the decisions of coaches and officials made during performing their duties and to assume full responsibility that the child I am registering, and all of our family members and guests do the same. I acknowledge that if I fail to do so, the child I am registering fails to do so, or any of our family members and guests fail to do so, I, the child and/or, any of our family members or guests may be removed and barred from any and all WILLAMETTE YOUTH FOOTBALL & CHEER practices and events, that the child I am registering may be removed from the WILLAMETTE YOUTH FOOTBALL & CHEER program, that I may be barred from registering children for any future WILLAMETTE YOUTH FOOTBALL & CHEER activities and that the child I am registering may be barred from registering for any future WILLAMETTE YOUTH FOOTBALL & CHEER activities. I also agree that WILLAMETTE YOUTH FOOTBALL & CHEER dispute resolution and arbitration procedures are the sole and exclusive means for finally resolving any and all disputes with WILLAMETTE YOUTH FOOTBALL & CHEER, including, but not limited to claims arising out of federal and state discrimination laws. I understand, and I am giving up any right I might otherwise have to present disputes to a court and receive protections available in traditional court proceedings. I understand that I may review a current copy of all applicable rules, policies and procedures any weekday available on website WYFC.com

Authorizations

I hereby assign and grant WYFC the right and permission to use and publish the photographs/film/videotapes/electronic representations and or sound recordings made of me or my child during all KIDSPORTS activities for promotional purposes and hereby release WYFC from any and all liability from such use and publication.

REFUND POLICY

No Cash Refunds & No Refunds after Games have begun (Included Jamboree Games)

Refunds prior to the first games in a WYFC season:

Exceptions to Policy:

Medical Refund: If a participant sustains an injury during the season and is not allowed to continue per Doctor's recommendation; a request for refund shall be submitted for review. This request must be accompanied by a Doctor's note of explanation.

By signing below, I agree that I have read and understand the registration, permission to play, authorizations and refund policy

Parent/Guardian (Print Name) _____

Parent/Guardian (Signature) _____ Date: _____

ADMIN USE ONLY

FEES:

Regular Registration

Fee: \$ _____ **Date:** ____/____/____

(Less scholarship discount) \$(_____) **AMOUNT PAID:** \$ _____

(Less OTHER discounts) \$(_____) **Type of Payment:**

Specify OTHER discount _____ Check #: _____ Cash Credit Card

Amt Owed: \$ _____

OTHER:

Late Fees \$ _____ Date Paid off by: _____

Additional fees \$ _____

TOTAL CHARGES: \$ _____ **Weight:** _____ **Team:** _____

