



REGISTRATION PACKET

2013 Fall Season Instructions & Checklist

Dear Parent(s) and Participant(s),

Thank you for your interest in the Central Florida Youth Football League (CFYFL) and Cheer Program. Enclosed are all the documents that you **MUST** complete and/or **MUST** provide to be considered for a position on a CFYFL team. If documents are incomplete, unsigned and/or omitted, your registration is in jeopardy of being rejected and your spot on a team forfeited. We ask that these documents be completed via the computer and then printed. For your convenience, the Participant Registration Packet has been formatted in Acrobat with a tab-n-type function. This link will provide you with a free copy of [Adobe Reader](#). Once you have completed and compiled these documents, please return them to:

CFYFL
P.O. Box 623603
Oviedo, Florida 32762

➡ For assistance or questions, please contact the CFYFL Information Hotline at CFYFLinfo@ymail.com.

ITEMS DUE AT REGISTRATION

- ☐ Participant Registration Form – original with signatures
- ☐ Payment in full or pre-registration deposit

ITEMS DUE AT FIRST DAY OF PRACTICE (JULY 24, 2013)

- ☐ Code of Conduct – signed by parent and participant
- ☐ Medical Clearance Form (Physical) – signed, stamped and dated after 1/1/13 by physician
- ☐ Final report card for 2012-13 school year
- ☐ Birth certificate – copy
- ☐ Wallet-sized photo
- ☐ Final payment in full, if pre-registered

IMPORTANT FOOTBALL INFORMATION

- **Football equipment that will be issued by the CFYFL and must be returned at season-end:** helmet, chin strap, shoulder pads, and game pants.
- **Football equipment that will be issued by the CFYFL and is yours to keep:** personalized jersey and game socks.
- **Football equipment that is the participant's responsibility:** practice jersey, practice pants, mouth guard with strap, 7-piece pants pads or girdle & knee pads, cleats.
- **Fundraising obligation:** all participants are required to participate in a league-wide fundraiser.
- **Equipment handout:** no equipment will be issued until all paperwork is submitted.

IMPORTANT CHEER INFORMATION

- **Cheer equipment that will be issued by the CFYFL and must be returned at season-end:** team uniform and pom-poms.
- **Cheer equipment that will be issued by the CFYFL and is yours to keep:** jersey-style shirt, Softee-style shorts and game/practice bows.
- **Fundraising obligation:** all participants are required to participate in a league-wide fundraiser.
- **Equipment handout:** no equipment will be issued until all paperwork is submitted.

Payment:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	Rec'd By _____	Date _____
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****PLEASE KEEP THIS FOR YOUR RECORDS****

DOCUMENTS DUE FIRST DAY OF PRACTICE – JULY 2013

- ☐ BIRTH CERTIFICATE
☐ WALLET-SIZE PHOTO
☐ PARTICIPANT CODE OF CONDUCT
☐ PARENT CODE OF CONDUCT
☐ MEDICAL CLEARANCE
☐ RECENT REPORT CARD



PARTICIPATION FEES

- ☐ RETURNING PARTICIPANT-FOOTBALL: \$170
☐ RETURNING PARTICIPANT-CHEER: \$170
 2012 TEAM: _____
☐ NEW PARTICIPANT-FOOTBALL / CHEER: \$190
 *PRE-REGISTRATION BAL \$ _____
 (All returned checks are assessed a \$25.00 bank fee)

FALL 2013 SEASON CFYFL PARTICIPANT REGISTRATION

Please mail all documents and fees to: CFYFL, P.O. Box 623603, Oviedo, FL 32762

Email questions to: CFYFLinfo@ymail.com

- ☐ Football ☐ Cheer ☐ Bobble Head (1st/2nd) ☐ Mighty Mite (3rd/4th) ☐ Jr Pee Wee (5th) ☐ Pee Wee (6th) ☐ Jr Midget (7th) ☐ Midget (8th)

Sibling Participant(s), each eligible for **\$15 discount**; not applicable to Pre-Registration: _____

Pre-registration balances and required documents must be completed by February 15, 2012. All other registrants must be paid-in-full with required documents at registration. *Medical clearance & final report cards must be submitted by First Day of Practice July 2013. ALL INFORMATION MUST BE COMPLETED IN FULL BELOW.

PLEASE PRINT LEGIBLY NOTE: Legal name must match Birth Certificate exactly.

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____
 STREET ADDRESS _____ CITY, ST ZIP _____
 PHONE _____ AGE (as on 12/31/13) _____ GRADE (as of Aug 2013) _____
 BIRTHDATE _____ WEIGHT AT REGISTRATION (football only) _____ HIGH SCHOOL DISTRICT _____
 PREFERRED COACH/TEAM (assignment not guaranteed) _____
 EMERGENCY CONTACT _____ PHONE _____

FATHER/GUARDIAN

☐ Participant lives with

NAME _____
 STREET ADDRESS (if different) _____
 CITY, ST ZIP _____
 HOME PHONE _____
 BUSINESS PHONE _____ CELL PHONE _____
 EMAIL (mandatory) _____

MOTHER/GUARDIAN

☐ Participant lives with

NAME _____
 STREET ADDRESS (if different) _____
 CITY, ST ZIP _____
 HOME PHONE _____
 BUSINESS PHONE _____ CELL PHONE _____
 EMAIL (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 CFYFL Youth Football/Cheer teams, hereby give MY/OUR approval to his/her participation in any and all CFYFL 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 CFYFL 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 CFYFL Rules of Conduct. I/We give the CFYFL President or his/her designee permission to verify our child's age if needed by the use of our child's school records. The CFYFL reserves the right to refuse to accept ANYONE or to remove ANYONE from the program at any time as the CFYFL sees fit so as to preserve the safety, integrity and character of the CFYFL and its' participants. All involved with the CFYFL in any capacity must obey the Codes of Conduct as set forth by the CFYFL 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 CFYFL web site and any association ID card.

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

Father/Guardian Signature _____

Date _____

Mother/Guardian Signature _____

Date _____

FOR LEAGUE USE ONLY

PAYMENT METHOD ☐ CASH ☐ CHECK/MO # _____ FEES PAID \$ _____ DISCOUNT APPLIED \$ _____
 DIV/TEAM ASSIGNMENT _____ ☐ COC ☐ MED RELEASE ☐ PHOTO ☐ BIRTH CERT



CODE OF CONDUCT

2013 Spring & Fall Seasons

WHILE 99% OF THE ADULTS IN THE PROGRAM WILL ABIDE BY THIS CODE OF CONDUCT WITHOUT BEING TOLD, THIS CODE OF CONDUCT IS BEING PUBLISHED TO PROTECT THE CHILDREN AND VOLUNTEERS FROM THE 1% WHO DON'T. IF ANY OF THESE RULES ARE BROKEN CFYFL HAS THE AUTHORITY TO IMPOSE A PENALTY OR REMOVAL OF PARTICIPANT.

AS A PARENT, COACH or ADMINISTRATOR, I hereby pledge to provide positive support, care, and encouragement for my child and/or the athletes in youth sports by following this Code of Conduct:

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or event.
2. I will insist that my child and/or the athletes play in a safe and healthy environment.
3. I will support coaches and officials working with my child and/or participant athletes in order to encourage a positive and enjoyable experience for all in a sports environment that is free from drugs, tobacco & alcohol and I will refrain from their use at all youth sports events.
4. I will remember that the game is for youth participants and athletes - not the adults.
5. I will do my very best to make youth sports fun for my child and the athletes recognizing that winning is not the goal - teaching my child and the athletes the importance of team work and discipline is first and foremost. I will ask my child and the athletes treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability and I will refrain from cursing, vulgar language and any other detrimental conduct.
6. I will help my child and the athletes enjoy the youth sports experience by doing whatever I can, such as being a respectful fan.....
7. I understand that there will be an admission fee to attend games at County fields on game day.
8. I understand we're expected to perform a minimum of 2 hours of volunteer time per child enrolled in the organization that will help out my child's team. Game day is the time where we need most of our volunteers. We thank you in advance for contributing to the CFYFL.
9. I will adhere to the 24hr rule and give time to cool off before responding. I will refrain from blast emailing comments.
10. ***I understand and will support the leagues one time fundraiser. I understand failure to participate may result in my child being held out from games, activities and/ or playoffs.***

VIOLATION: Any parent or fan who violates the Code of Conduct risks further participation of the child in the program. The procedure as follows:

- Any fan that violates the Code of Conduct or becomes a nuisance will be asked to leave and can be suspended from all team activities.
- If the fan fails to leave upon request, the child may be suspended from further participation in league activities/games...
- The league will decide the duration of the suspension or if the child will be dropped from the program. That decision will depend on the attitude of the parents.
- Any parent or fan who violates the Code of Conduct risks the future participation of his/her children in the program. Depending on the severity of the incident the league may decide to ban future participation in the program...

AS AN ATHLETE AND PARTICIPANT, I understand commitment, hard work and dedication will be required by me before I can wear the colors of the team. Being a member of the team means much more than just learning about and playing football or being a cheerleader. As an athlete, both on and off the field, I am a representative of the association and expected to act accordingly no matter what the circumstances.

1. I understand as an Athlete I am to maintain an academic standard at 2.5 ('C' average) during the season or risk being benched or dismissed from the Organization. Grade checks may be performed at random.
2. I understand I am to maintain good citizenship. Fighting, misconduct, vulgar or derogatory language, cursing or disrespect, bullying, threats on social media (e.g., Facebook, Twitter, Insta-gram, etc.) can lead to being dismissed from the Organization. Any athlete who has an altercation at school or with law enforcement authorities or is observed displaying conduct (Anytime, Anywhere) below the acceptable standards of an athlete may face dismissal from the Team or CFYFL.
3. I understand Athletes are responsible for notifying their coach if they will be absent from a practice or game. Missing a practice or game will hurt both my team and may be reason for not playing in games. If I have too many absences, I may be dismissed from the team.
4. I am expected to come to practices and games prepared and ready to give 100%. An athlete may be benched at a practice or dismissed because of too many absences, not giving 100%, not knowing plays / routines or not following the rules.
5. I will treat all coaches, teammates, officials, and adult authority figures with respect At All Times.
6. I am responsible for the maintenance of my equipment and uniforms. Uniforms must be washed on a regular basis. Report all equipment problems to your coach immediately. If I lose my uniform or equipment I am financially responsible to replace it. I must wear a protective mouthpiece via tether to mask in all practices or games.
7. I agree to follow all general rules in accordance with my team and the CFYFL.

I/We have read, understand, agree, and will abide by the above. I/We have voluntarily signed, understanding if I violate this Code of Conduct I am subject to immediate termination or suspension from Team & CFYFL.

Parent/Guardian Signature

Print Name

Date

Player/Participant Signature

Print Name

Date



AMERICAN YOUTH FOOTBALL



Medical Clearance Form

ASSOCIATION NAME - Central Florida Youth Football

Medical Clearance Form - Must be dated after January 1, 2012

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that:
(Childs Name:) _____ **[Date of Birth: _____]**
 is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

Physician Signature: _____ Date: ____/____/____ (Must be dated after January 1st, of the Current Season)	Please Print - or - Use Office Stamp Here: Print Name Clearly: _____ Office Address: _____
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation."

This statement must be supplied by the physician attending to the injury, accident, or illness.

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.

MEDICAL HISTORY – To be completed by participant/parent

Athlete's Directions: Please review all questions with your parent or guardian and answer them to the best of your knowledge.

1. Has anyone in the athlete's family (Parent, Grandparent, sibling, aunt, uncle), died suddenly before age 50?	Yes	No	Don't Know	2. Has the athlete ever suffered a heat-related illness (heat stroke)?	Yes	No	Don't Know
3. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?	Yes	No	Don't Know	4. Does the athlete have a chronic illness or see a doctor regularly for any particularly problem?	Yes	No	Don't Know
5. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?	Yes	No	Don't Know	6. Does the athlete take any medicine?	Yes	No	Don't Know
7. Has the athlete ever had a bone broken, had to wear a cast, or had an injury to any joint?	Yes	No	Don't Know	8. Is the athlete allergic to any medication or bee stings?	Yes	No	Don't Know
9. Does the athlete have a history of a concussion (being knocked out)?	Yes	No	Don't Know	10. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?	Yes	No	Don't Know

*Please explain all "Yes" answers —use the back if necessary.

MEDICAL EXAMINATION – To be completed by Physician

Height: _____ Weight: _____ Blood Pressure: _____

	Normal	Abnormal	Description of Abnormality
Musculoskeletal Exam:			
			Knee
			Ankle
			Shoulder
			Other Joints
			Alignment Problems
			Scoliosis
			Estimate of Flexibility
Eyes:			
Genitalia (males):			
Cardiovascular Exam:			Other Exam (if indicated by history):