**LIVE OAK YOUTH FOOTBALL ASSOCIATION**

 **2018 Registration Form**

REG FEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPOSIT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**P.O. Box 1010**

**Watson, LA 70786**

Parent Agreement & Registration Form

Registration fee for Football & Cheerleading is $150 per child.

**UNIFORM & EQUIPMENT MUST BE TURNED IN AT THE LAST GAME OF THE 2018 SEASON.**

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| **ARE YOU REGISTERING FOR FOOTBALL OR CHEERLEADING:** |
| **NAME: DATE OF BIRTH: AGE (as of 8/1/18):** |
| **A TEAM (11-12) B TEAM (9-10) C TEAM (7-8) D TEAM (5-6)** |
| **HAS THIS CHILD PARTICIPATED IN THE EAGLES YOUTH PROGRAM BEFORE: YES NO** |
| **IF YES, PLEASE CIRCLE YEAR(S) PARTICIPATED: 2017 2016 2015 2014 2013 2012 2011 2010 2009**  |
| **PLEASE CIRCLE CHILD’S T-SHIRT SIZE: YOUTH: YS YM YL ADULT: AS AM AL AXL** |
| **MOM’S FIRST/LAST NAME:** |
| **MOM’S EMAIL ADDRESS: MOM’S CONTACT#:** |
| **DAD’S FIRST/LAST NAME:** |
| **DAD’S EMAIL ADDRESS: DAD’S CONTACT#:** |
| **ADDRESS:** |
| **CITY, STATE, ZIP CODE:** |
| **ANY OTHER SIBLINGS PARTICIPATING IN LOYFA:** |
| **CHILD’S MEDICAL INSURANCE PROVIDER:** |
| **GROUP# ID#** |
| **CHILD’S PHYSICIAN’S NAME: PHONE #:** |
| **LIST ANY MEDICAL CONDITIONS/ALLERGIES:** |
|  | **PLEASE READ AND INITIAL EACH BOX:** |
|  | **REGISTRATION:** Any child having outstanding debts or equipment not returned will not be allowed to participate in the program until all debts or missing equipment has been cleared. Any money paid at Registration will be applied to outstanding debt you may have with LOYFA before it is applied to the 2018 season. **All children must complete the season in order to receive awards.** |
|  | **PAYMENTS/REFUNDS:** The registration fee is non-refundable (unless the child is not chosen for the team). Any other refunds are decided on a per-participant basis, and will be refunded only by the LOYFA President.  |
|  | **UNIFORMS:** All **Football Players** will be issued a Football Uniform for games along with a Helmet & Shoulder Pads, all of which are the property of LOYFA and must be turned in at the last game of the season. Players are responsible for purchasing girdles and or 7 pads for uniform pants. All **Cheerleaders** will be issued a Cheer Uniform (top & skirt) which is property of LOYFA and must be turned in at the last game of the season. Each Cheerleader is required to purchase one pair of bloomers, cheer socks, cheer shoes & cheer bow.If uniform alterations are needed, alterations will be paid by the expense of the parents/guardian. |
|  | **PRACTICES:** Practice dates may be as often as Monday-Friday 6pm-until dark & Saturday 7am-until, through-out the season. The Head Coach of each team is responsible for notifying parents of any changes in practice time/place.  **It is required that a parent/guardian be at every practice & game for the entire duration.** LOYFA will not be held responsible for a child left unattended before, during, or after practices/games.  |
|  | **IN THE EVENT OF AN EMERGENCY:** It is the best interest of the child/parent/organization to have the parents/guardian available during practices & games. If the parent/guardian is not available, the Eagles Youth Football staff has the right to administer aid in a responsible manner without liability for the cost incident to that aid. |
|  | **INSURANCE:** Each participant is to be covered by/and have full force & affect personal medical insurance which may not be cancelled or allowed to otherwise expire, discontinue, or stop coverage during the 2018 season. Each participant’s insurance is primary and the league/team insurance is secondary. The medical policy provided by the Southern Louisiana Youth Football Association is for activities that are sponsored by LOYFA. It is not intended for independent practice time, personal or parental practice time, or travel to and from events, or while not in the care of the Coaches or Volunteers. |
|  | **DISMISSAL/COMPLAINTS:** At any time, if the Head Coach feels the child is in danger or disputing the team rules and regulations, it can be recommended to the Board that the child be dismissed from the team. The decision will be decided in a formal hearing---both sides will be heard, unless the parent decides to drop the child on his/her own. Once the decision is made, it will be FINAL. Parents, coaches, or Board members who cannot control their temper, comments, etc. will also follow the same dismissal procedure. All LOYFA Staff will conduct themselves in a civilized manner. Failure to do so will result in dismissal. Any parent disrespecting, cursing, or simply causing problems will be dismissed from LOYFA for the season. A second offense could result in being banned from SLYFA.  |
|  | **ALCOHOL:** Any parent caught with alcohol during games or practices will be asked to leave the premises. We encourage healthy behavior in our players and ask that parents lead by example.  |

**LOYFA**

**P.O. Box 1010**

**Watson, LA 70786**

**Website: loyfa.net**

**Facebook Page: Live Oak Eagles Youth Football & Cheer**

 RELEASE OF LIABILITY & ASSUMPTION OF RISK

In Consideration of their child(ren), being allowed to participate in the Live Oak Youth Football Association program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from activities involved in these programs is significant, including the potential for bodily injury, permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. For myself, spouse and child(ren), I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child’s participation; and,
3. I willingly agree to comply with the programs stated and the customary terms and conditions for participation. If I observe an unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and
4. I also certify that I am the parent/guardian with legal responsibility for the under aged minor child/children considered and do hereby agree to this release on his/her behalf. I will communicate the responsibilities of adhering to the rules/regulations to my child/children and will apprise him/her of the risks involved by participation and the considerations given herein for that participation.
5. I, myself, my spouse, my child/children and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The Live Oak Youth Football Association, The Southern Louisiana Youth Football Association, The Livingston Parish School District, The Livingston Parish Parks and Recreation Department, other Participants, sponsoring agencies, board members, coaches, volunteers, sponsors, advertisers and if applicable, facility owners/lessors of premises used to conduct the event (“Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISIBILITY, DEATH or loss or damage to person or property WETHER ARISING FROM NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I ALSO UNDERSTAND THAT I AM SIGNING THE AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT/GUARDIAN’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOUTHERN LOUISIANA YOUTH FOOTBALL ASSOCIATION**

***PARENTS CODE OF ETHICS:***

I Hereby Pledge To Provide Positive Support, Care and Encouragement For My Child Participating In Youth Sports By Following This Code Of Ethics.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.

I will place the emotional and physical well being of my child ahead of any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will provide support for coaches and officials working with my child to provide A positive and enjoyable experience for all.

I will demand a drug, alcohol, and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.

I will remember that the game is for the children and not for the adults. Unruly parents/fans will be escorted out of the stadium.

I will do my very best to make youth sports fun for my child.

I will teach my child to treat other players, coaches, fans, and officials with respect, regardless of race, sex, creed, or ability.

I will promise to help my child enjoy the youth sports experience within my personal constraints, by assisting with coaching, being a respectful fan, providing transportation, or whatever I am capable of doing.

I will not leave my child unattended at practice or games. An adult or guardian will be present at all practices and games to take responsibility for my child.

I HEREBY SIGN THIS DOCUMENT IN READING AND UNDERSTANDING THE SLYFA CODE OF ETHICS:

PRINT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SLYFA ACTIVITY RELEASE FORM**

Read Carefully Before Signing

**ANY PARTICIPANT OR PARTICIPANT GUARDIAN MUST COMPLETE THE FOLLOWING ACTIVITY RELEASE FORM**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address (including city, state and zip code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELEASE / DISCLAIMER**

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold **SOUTHERN LOUISIANA YOUTH FOOTBALL ASSOCIATION**, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that SOUTHERN LOUISIANA YOUTH FOOTBALL ASSOCIATION does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the SOUTHERN LOUISIANA YOUTH FOOTBALL ASSOCIATION premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by SOUTHERN LOUISIANA YOUTH FOOTBALL ASSOCIATION.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_