

NEW
(Staple copy of Birth Certificate
to back of original form)



TRANSFER
(Attach signed release form)
Transfer from: _____

RETURNEE

PLAYER - CHEERLEADER 20 _____

TAMPA BAY YOUTH FOOTBALL LEAGUE INC. REGISTRATION FORM

Team/Organization Name: Falcons

Player Date of Birth _____ Player age @ 7/31 _____
 Cheerleader Date of Birth _____ Cheerleader age @ 9/1 _____
Division: Mighty Mite/Flag Pee Wee Super Midget Midget Varsity

PARTICIPANT INFORMATION:

LAST NAME _____ FIRST NAME _____
Childs Nickname _____
ADDRESS _____ EMERGENCY PHONE # _____
CITY _____ ZIP _____

Parent/Guardian must watch online Concussion Video AND Infomed Consent form must be signed by Parent /Guardian and Participant
<http://www.cdc.gov/concussion/HeadsUp/Training/>

PARENT/GUARDIAN INFORMATION:

GUARDIAN #1
LAST NAME _____ FIRST NAME _____
ADDRESS _____ CITY _____ ZIP _____
(If different than child)
CONTACT PHONE # _____ E-MAIL ADDRESS _____
RELATIONSHIP TO CHILD _____

GUARDIAN #2

LAST NAME _____ FIRST NAME _____
ADDRESS _____ CITY _____ ZIP _____
(If different than child)
CONTACT PHONE# _____ E-MAIL ADDRESS _____
RELATIONSHIP TO CHILD _____

FAMILY MEDICAL INSURANCE:

Do you have primary insurance coverage for above child ? YES NO
Medical Conditions: _____ Allergies: (list all allergies) _____

IMAGE RELEASE

In consideration of the minor child/ward indicated above, being allowed to participate in any way in the TBYFL Football/Cheerleading Program, related to events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the sports program.

I HAVE READ & AGREE TO ABIDE BY THE TERMS OUTLINED ABOVE AND ON THE REVERSE SIDE OF THIS FORM

Signature Witnessed By _____
Date _____

Guardian - Signature _____
Guardian - Print Name _____ Date _____

Print Form

TAMPA BAY YOUTH FOOTBALL LEAGUE INC.

PLAYER/CHEERLEADER

REGISTRATION FORM AND PARENT/GUARDIAN AGREEMENT

I/We understand my signature on the front side of this registration form indicates I have read and I/we are in agreement with the following statements:

I/We the parents(guardians) of the named child do hereby give my/our consent to his/her participation in any and all of the activities during our (TBYFL) current season.

I/We do assume all the risks and hazards incidental to the conduct of the activities, and transportation to and from activities.

I/We likewise release from responsibility any person transporting my/our son/daughter to or from activities.

I/We do, further release, absolve, indemnify and hold harmless the Tampa Bay Youth Football League, organizers, sponsors or supervisors appointed by TBYFL.

It has been explained to me and I/we understand that football and cheerleading are dangerous sports, and injuries from participation in these activities can be serious.

I /We hereby consent to any and all medical treatment which may be deemed necessary by the attending physicians.

It is my intent to grant authority to administer and perform all examinations, treatment and diagnostic procedures, which may be deemed advisable and necessary during the course of my child's care.

In case of injury during a practice or game, the boy/girl will receive first-aid attention. The team sponsor or coach will not be held responsible for any medical attention, which might be required.

TBYFL assumes no liability for what happens when it comes to the events of football/cheerleading due to any unforeseen accident or death, the parents/family have waived their legal rights.

A limited Athletic Benefit Insurance Policy will be provided for the each participant.

Such insurance coverage is intended to supplement your present homeowners' and/or hospitalization insurance.

I/We understand the TBYFL Insurance Fee is non-refundable. This fee is payable before my/our son/daughter is allowed to start practice.

It has been explained to me and I understand that if my child becomes injured at school or during a football/cheerleading practice or game, a medical release must be provided before resuming participation with any athletic team with TBYFL.

I/We further agree to return all uniforms and equipment issued to our son/daughter at such time as his/her sponsor or coach may request, and to pay the cost of repair/replacement of said equipment in the event of damage/loss. Equipment not returned will be grounds for not releasing my son/daughter to another organization.

I/We understand that under TBYFL rules Pee Wee players are required to play a minimum of 8 plays and all other squads are to play a minimum of 5 plays.

I/We understand that any player or cheerleader initiating or participating in a verbal or physical altercation is subject to removal from any and all TBYFL participation, and can override roster decisions of any individual organization.

I/We acknowledge that we are required to access or request a copy from the Organization my/our child is registered with, the Rules and Regulations of the Tampa Bay Youth Football League (website address www.TBYFL.com)

I/We acknowledge that we have read the Rules and Regulations of the Tampa Bay Youth Football League and understand the rules regarding Birth Certificates and/or verification of date of birth.

The information provided about my child's name, date of birth, age, address, school information and photo is correct.

I authorize TBYFL to request official school records that verify information is correct and that my child is in good standing and eligible to participate in youth football/cheerleading.

I/We further understand misrepresenting my/our son/daughter or their age could result in forfeiture of all games by his/her team, suspension and/or criminal prosecution.

My child will abide by the rules of the Tampa Bay Youth Football League .

PARENTS 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 my personal desire to win.
- I will support the coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will remember that the game is for the players/cheerleaders - not for adults.
- I will do my best to make youth sports fun for my child.
- I will help my child enjoy the sports experience by doing whatever I can, such as being a respectful fan or assisting coaches.
- I will expect my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will not interfere with the team policies and behave as a fan supporting his/her team.
- I will not initiate or participate in any fights or arguments with the coaches, referees, or the opposing team understand that in doing so could result being trespassed from any and all TBYFL events.
- I will support good sportsmanship and fair play.

Oldsmar Falcons Youth Football and Cheerleading, Inc.
P.O. 11
Oldsmar, FL 34677
Oldsmar-falcons.com

Florida Statute 812.014: Theft by Conversion

A person commits theft by conversion, when having lawfully obtained funds or other property of another under an agreement or other known legal obligation to make a specific application of such funds of specific disposition of property, he knowingly converts the funds or property to his own use in violation of such agreement or legal obligation. This section applies notwithstanding monies paid to Oldsmar Falcons for rental of said property for participant use during the Football / Cheerleading season.

I, _____, have read and thoroughly understand the implication of "Theft by Conversion". I further understand that upon completion of the season, withdrawal from the Oldsmar Falcons or at the request of the Oldsmar Falcons, I must and will return all of Oldsmar Falcon issued items, equipment, and supplies within 10 days. I further understand that failure to comply with this agreement is just cause for the Oldsmar Falcons to file criminal charges against me, in order to facilitate recovery of said equipment or charges.

The following equipment is for Oldsmar Falcon Youth Football and Cheerleading, Inc. use only and it will remain the property of the Oldsmar Falcons. Furthermore, all the equipment issued to me is in good condition and will be returned in the same condition. Any necessary repairs or replacement due to neglect, loss, or misuse will be my responsibility.

Please Check One:

_____ Football

_____ Cheerleading

Helmet \$85.00
Shoulder Pads \$65.00
Game Pants \$65.00
Practice Pants \$25.00

Game Uniform \$220.00
Comp. Turtle Neck \$75.00

Childs Name: _____
Please Print Full Name

Parent's Name: _____
Please Print Full Name

Parent's DL Number: _____

Parent's Signature

Witness

Date

Date



Tampa Bay Youth Football League Informed Consent about Concussions and Head Injuries

Effective July 1st, 2012 Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent

that explains the nature and risk of concussion and head injury, each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The Facts:

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without the loss of consciousness.
- Concussions can occur in any sport.
- Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. a concussion is caused by a blow to the head or body which causes the brain to move rapidly inside the skull. Even a "Ding", "Getting your bell rung", or what seems like a

mild bump or blow to the head can be serious. Concussions can also result from a fall or players colliding with each other or obstacles, such as a goal post, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following signs in your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head. -and-
2. any change in the athlete's behavior, thinking, or physical functioning.

Signs and symptoms of concussion that may be reported by a coach or other observer:

- appears dazed or stunned.
- Is confused about assignment or position.
- Forgets sports plays.
- Is unsure of game, score, or opponent.
- Moves clumsily.
- answers questions slowly.
- Loses consciousness (even briefly)
- Can't recall events prior to hit or fall.

Signs and symptoms that may be reported by the player:

- Headache or pressure in the head.
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light.
- Sensitivity to noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Concentration or memory problems.
- Confusion.
- Does not feel right.

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training at <http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>

Under Florida law the player who is suspected of having a concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating the athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health care professional (AHCP) is defined as either licensed physician (MD as per Chapter 458, Florida Statutes) a licensed physician's assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or a health care professional trained in the management of concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name:

Signature: _____ Date: _____

As parent or guardian, I have read and understand this consent form and give permission for my child named above to participate.

Parent/Legal Guardian Name: _____

Signature: _____ Date: _____

Print Form

Department of Parks, Recreation and Conservation
Hillsborough County, Florida
**YOUTH SPORTS PARTICIPATION
MEDICAL RELEASE FORM**

Please read carefully and sign either Part I or Part II

PART I

The undersigned, as parent or legal guardian of (print name of name)

_____ hereby consents to the following in the event (print name of name)

_____ is injured during his or her participation in youth sports:

Agents or officials of the youth organization in which (print name of name)

_____ participates may administer first aid or arrange for transportation to a medical facility if the agent or official deems there to be an emergency. At that time medical treatment may be given to (print name of name) included but not limited to anesthesia and emergency surgical treatment as deemed necessary by a qualified physician at the medical facility.

No action shall be taken until attempt is made to contact me at the phone number(s) listed below

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent or Guardian Parent or Guardian Name: _____

Parent or Guardian Parent or Guardian Name Signature: _____

(STATE OF FLORIDA) The foregoing instrument was acknowledge be me on this _____ day of _____, 200 _____

(COUNTY OF HILLSBOROUGH) _____ (name of parent/guardian) who is personally known to me or who has produced Drivers License # _____ as identification and who (did) or (did not) make an oath.

PART II

The undersigned, as parent or legal guardian of (print name of name)

_____, I do not desire to sign the medical and release form above.

Parent or Guardian Parent or Guardian Name _____

Parent or Guardian Parent or Guardian Signature _____

PLEASE NOTE: If Part I is not signed, the child will not be allowed to participate