

**2010 KENNESAW YOUTH FOOTBALL ASSOCIATION  
REGISTRATION & CONSENT FORM**

Player Name \_\_\_\_\_ Weight \_\_\_\_\_ FOOTBALL \_\_\_\_\_ CHEER \_\_\_\_\_  
 \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_  
First M.I. Last  
 Address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Street City Zip  
 Parent/Guardian First \_\_\_\_\_ Last \_\_\_\_\_ County \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

**Assumption of Risk:**

I, the parent/guardian of the above named child, permit my child to participate in all phases of the elected activity during the current season of the Kennesaw Youth Football Association program.  
 I assume all risks and hazards incidental to such participation, including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Kennesaw Youth Football Association, NWGYFL, Inc., sponsors, supervisors, participants, and persons transporting my child for any claim arising out of an injury to the player, except to the extent and in the amount covered by accident or liability insurance.  
 I hereby grant permission to the adult manager/coach of the team/squad to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such times as needed.  
 I, the parent/guardian of the above named child, understand that due to the contact in football and the stunts in cheerleading, that ***I must be present at all practices and games and am not allowed to drop my child off. I also understand that if I am not present, my child will not be allowed to participate in practice/game.***

**CONCESSION AND GATE RESPONSIBILITIES:**

\_\_\_\_\_ I understand that I am applying for a one year membership in Kennesaw Youth Football Association. As a not for profit corporation, KYFA requires registration fees and also requires that a parent/guardian of each participant shall work a minimum of (4) four hours, during the season at the Concession Stand, Concession Tent, Apparel Tent or the Gate. I understand that KYFA will assign the date and time for this duty and it is my responsibility to work this shift. I further understand if I do not work the assigned shift, my son/daughter will NOT participate in the following week's game and that I will be rescheduled for the same duty the very next home game or I must pay \$75 to re-instate my child into the KYFA.

**REFUND POLICY:**

\_\_\_\_\_ Refunds will apply to all program withdrawals up to and including the 5th practice. A cancellation fee of \$75 will apply to all refunds. No refund will be available after the 5th day of practice.

**PAYMENT**

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KYFA participates in the North West Georgia Youth Football League and will adhere to their guidelines; I have read and understand the league provided form on minimum participation, the difference between competitive and instructional, the P-C-G-P policy, and the league web address of NWGYFL.com.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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 (THIS SECTION FOR BOARD MEMBER USE ONLY)

Registration Fees: \_\_\_\_\_  
 User Fees: \_\_\_\_\_  
 Out of City Fees: \_\_\_\_\_  
 Total Fees Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Treasurer Initials: \_\_\_\_\_

EQUIPMENT DEPOSIT: \_\_\_\_\_

**Football Equipment Issued/Returned Cheerleading Equipment Issued/Returned**

Helmet \_\_\_\_\_ / \_\_\_\_\_ Uniform \_\_\_\_\_ / \_\_\_\_\_  
 Shoulder Pads \_\_\_\_\_ / \_\_\_\_\_ Pom Poms/Bloomers \_\_\_\_\_ / NA \_\_\_\_\_  
 Pant Pads \_\_\_\_\_ / \_\_\_\_\_ Hair Bows/Socks \_\_\_\_\_ / NA \_\_\_\_\_  
 Pants \_\_\_\_\_ / \_\_\_\_\_ *Cheer uniforms must be returned clean*  
 Socks \_\_\_\_\_ / NA \_\_\_\_\_  
 Mouth Piece \_\_\_\_\_ / NA \_\_\_\_\_ EQUIP DIR INITIALS \_\_\_\_\_ DATE ISSUED \_\_\_\_\_  
 Chinstrap \_\_\_\_\_ / \_\_\_\_\_  
 Pants and Practice Jerseys must be returned clean