



**FAIRFIELD YOUTH FOOTBALL
2009 Registration Information**



We are pleased to announce that registration for the **2009** FYAA Co-Ed Youth Football Season will be accepted by mail or in person. Please Note: **NO personal checks accepted – cash or money orders only**. As in past years we plan to continue to make changes to the program to better suit the needs of our growing community and the players we serve.

Please mark your calendar to attend one of the two mandatory parent meetings scheduled for June **17** or July **8** at FYAA home field on Groh Lane at 7:00pm. Important details regarding the upcoming season will be shared at these meetings. It is imperative that a parent or guardian attend a meeting to fully understand their options.

Following are brief descriptions of the programs FYAA has to offer:

Contact Football Programs

Both the RED and WHITE contact teams will play in the Ohio Valley Youth Football League. There will be two teams per grade; first through sixth. These teams will practice four nights a week prior to school starting and three nights a week after school is in session. There will be limited travel to away games and there will be admission costs to enter at all fields for all spectators.

The difference in the red and the white programs are as follows:

RED: K-1 guaranteed playing time. 2nd – 6th grade has **NO GUARANTEED** playing time.

WHITE: guaranteed playing time K-6th grade.

******NEW THIS YEAR - Returning players will have until JUNE 30th to be signed up and paid in full to return to their original team if desired. All new players and returning players signing up after June 30th will be placed on a team by the board. Please mark your preference and we will try to accommodate your requests when possible.**

*****To be eligible, a player must attend Fairfield City Schools or if private or home schooled you must live in or have a legal guardian that live in the Fairfield School District ****

Registration Fees for both Red & White teams:

	<u>Postmarked by July 13</u>	<u>Received after July 13th</u>
1 st thru 6 th grades	\$130.00	\$180.00
Reduced cost for a family	1 st player \$130.00 / \$100.00 each after	NO REDUCED FAMILY COSTS

*****NO PERSONAL CHECKS WILL BE ACCEPTED – CASH OR MONEY ORDERS ONLY – NO EXCEPTIONS *****

Flag Football Programs

Kindergarten / First Grade Division and Second/Third Grade Division will practice twice a week to start the season. Once games start practice will be cut to once weekly. Games will be played on Thursdays at 6:00 or 7:00 pm.

Fourth / Fifth / Sixth Grade Division will also practice twice a week to start the season and once a week when games start. Games will be played on Monday nights at 6:00 or 7:00 pm.

With all three divisions, the season will start the week of July **27** and end the week of September **21**. Each team will play six games. Provided we have enough coaches we will form four teams per division. All divisions have guaranteed playing time - fourth thru sixth grade the only team to keep score.

Registration Fees for ALL Flag divisions:

K-6th will be \$60.00 per player with no family discounts.

*****No personal checks accepted – cash or money orders only*****

2009 FYAA REGISTRATION FORM – PLEASE PRINT

One Player per Registration – Copy As Necessary

Player Last Name	Player First Name	Grade in 09/10
Address	City	Zip Code
E-Mail Address	Home Phone	/ Mobile Phone

Please Select Your Preference of Programs for Your Child – **Only Choose ONE:**

Contact Programs:

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_____ Red (K-6) **OR** _____ White (K-6)

** A sports physical will be required **BEFORE** a child can participate in their first practice—including conditioning week**

Co-Ed Flag Program:

_____ K – 1st _____ 2nd – 3rd _____ 4th, 5th, 6th

*** **NO** sports physical necessary for flag programs ***

If interested in coaching a flag team please check here _____

To the best of my knowledge, my child is physically fit and able to play football and I agree as a parent or guardian to furnish a doctor's statement to that effect requested by the team manager. It is understood that the league does not take responsibility for the physical fitness of players and that as the parent or guardian I bear the responsibility for my child's physical condition. I hereby agree that the league, its members, coaches, or board members shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of the league and I agree to indemnify and hold harmless the league, it's members, coaches and board members or designates of any kind from any claim whatsoever. I also understand that FYAA rules prohibit my child from playing for another organized football team and that violation of that rule may result in my child being suspended from participating in FYAA.

Parent/Guardian's Name (please print)	Parent/Guardian's Signature	Date
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Once accepted into a program refunds will only be given for medical reasons or moving out of the district – no exceptions. All refunds will be approved by the FYAA board only.

Send completed registrations forms, with completed money order made payable to FYAA to:

**FYAA
6364 Tara Brooke Court
Hamilton, OH 45011**

Walk in registration will be held June 27 from 9-Noon at the FYAA home field on Groh Lane

***** Mark Your Calendar *****

Mandatory parent meeting date: June 17 or July 8 at the FYAA home field on Groh Lane – 7:00pm. At this meeting you will hear important information regarding the upcoming season*****

For additional information please see our website: www.fyaa.net or contact Steve Sams by phone at 887.8450

FYAA EMERGENCY RECORD DATA

Player's Name _____ Grade _____

Address _____

Phone Number _____ Sex: Male _____ Female _____

Father's Name _____ Mother's Name _____

Address of Parent (if different from child) _____

Parent's Place of Employment and Phone Number _____

Name and Phone Number of relative or friend to contact in an emergency:

1. _____

2. _____

EMERGENCY MEDICAL AUTHORIZATION (Part I or II Must be Completed)

Part I - To Grant Consent

In the event reasonable attempts to contact me at _____ (phone number)

or _____ (other parent) at _____ (phone number)

have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred Doctor) or Dr. _____ (preferred Dentist), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to _____ (preferred Hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance being taken, and any physical impairment to which a physician should be alerted to:

Date

Parent's Signature

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II - REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish FYAA to take no action or to:

Date

Parent's Signature

FAIRFIELD YOUTH ATHLETIC ASSOCIATION RELEASE

ATHLETIC INJURIES DO OCCUR AND CAN BE COSTLY. ALL PLAYERS PARTICIPATING IN THE FYAA PROGRAM MUST HAVE PERSONAL INSURANCE. NO PLAYER WILL BE PERMITTED TO PARTICIPATE IN A PRACTICE, SCRIMMAGE, OR CONTEST WITHOUT PERSONAL INSURANCE COVERAGE.

FYAA CANNOT ACCEPT ANY FINANCIAL RESPONSIBILITY FOR ANY ATHLETIC INJURY BEYOND YOUR OWN PERSONAL INSURANCE.

PLEASE COMPLETE THE FORM BELOW

AS THE PARENT/GUARDIAN OF _____

I DO HAVE ADEQUATE PERSONAL INSURANCE COVERAGE AND WILL USE IT TO COVER ANY AND ALL COST IN THE EVENT OF AN INJURY TO OUR SON/DAUGHTER.

NAME OF INSURANCE COMPANY: _____

POLICY # _____

Parental Release

I _____ hereby acknowledge, I have been properly advised, cautioned and warned by the proper people and coaching personnel of the FYAA that by participating in the sport of football I am exposing my son/daughter to the risk of serious injury, including but not limited to, the risk of sprains, fractures and/or cartilage damage which could result in temporary or permanent, partial or complete impairment in the use of limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to allow my son/daughter to participate in the sport of football, I hereby further acknowledge that I do so with full knowledge and understanding of the risk or serious injury to which I am exposing my son/daughter to by participating in the sport of football.

_____ has our permission to participate in all activities, including practices, scrimmages and regularly scheduled games as well as extra games not specifically scheduled. I acknowledge that my son/daughter participates in all activities at his/her own risk. In consideration of you permitting him/her to participate, I hereby release the coaching staff, any sponsors, the Fairfield Youth Athletic Association and any other Association with which the FYAA may affiliate and the employees, agents, heirs, affiliates, officers, successors and assigns of each from any responsibility that you or they might have regarding the health and physical condition of my son/daughter during his/her participation. On behalf of ourselves, my son/daughter, our heirs, executors and assigns, we further release and forever discharge all the above individuals and entities from any and every claim, demand, right or cause of action either in law or in equity arising from my son/daughter's participation in all activities.

The undersigned agree to indemnify and hold harmless all of the above individuals and entities from any claim made in derogation of this release.

PARENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE

FAIRFIELD YOUTH ATHLETIC ASSOCIATION

PARENTS CODE OF CONDUCT

- 1 I will recognize the importance of volunteer coaches, they are important to the development of your child and the sport.
- 2 I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other Association event.
- 3 I will place the emotional and physical well being of my child ahead of any personal desire to win.
- 4 I will try to know and study the rules of football.
- 5 I will insist that my child plays in a safe and healthy environment.
- 6 I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- 7 I will provide support for the Board and the organization and not do anything to undermine the authority or disrupt its progress.
- 8 I will emphasize skill development and how it will help your child. De-emphasize games and competition in lower age groups.
- 9 I will demand a drug and alcohol-free sports environment for my child.
- 10 I will remember that the game is for the children and not for the adults.
- 11 I will do my very best to make football fun for my child.
- 12 I will ask my child to treat other players, coaches, fans, and officials with respect, regardless of race, sex, creed or ability.
- 13 I will never enter onto the playing field at any time.
- 14 I will never confront in anger a coach, official, player, spectator, or league official before, during or after any game.
- 15 I will at no time call or contact an official about any infraction of any game or for any other reason.
- 16 I will never use objectionable language or behavior that is detrimental to the game or the Association, especially when playing games out of town.
- 17 I will require that my child's coach be trained in the responsibilities of being a youth football coach.
- 18 I will encourage my child to play by the rules of football, and applaud good plays of both teams.

All members of FYAA, players, parents, coaches, and Board members, are expected to exhibit sportsmanship behavior and team values, and to generally uphold the principles and objectives of the Fairfield Youth Athletic Association and Butler County Youth Football League. **Any person associated with FYAA not exhibiting high standards of common human decency can be suspended or expelled from the association at the sole discretion of the Board of Directors.**

I have read and agree to abide by the above Code of Conduct:

Parent's signature

Parent's signature

Date