



**FAIRFIELD YOUTH FOOTBALL**  
**2011 Registration Information**



We are pleased to announce that registration for the **2011** FYAA Co-Ed Youth Football Season will be accepted by mail or in person. Payment can be made by cash, money order or by pay-pal. **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 **22** or July **13** 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.  
 2<sup>nd</sup> – 6<sup>th</sup> grade has **NO GUARANTEED** playing time.

**WHITE:** guaranteed playing time K-6th grade.

**\*\*\*NEW THIS YEAR** - Returning players will have until **JUNE 25<sup>th</sup>** 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 25<sup>th</sup>** 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:**

	<b><u>Postmarked by July 9</u></b>	<b><u>Received after July 9<sup>th</sup></u></b>
1 <sup>st</sup> thru 6 <sup>th</sup> grades	\$160.00	\$200.00
Reduced cost for a family	1 <sup>st</sup> player \$160.00 / \$100.00 each after	NO REDUCED FAMILY COSTS

**2011 FYAA REGISTRATION FORM – PLEASE PRINT**  
 One Player per Registration – Copy As Necessary



**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.

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## 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

# FAIRFIELD YOUTH ATHLETIC ASSOCIATION

## ATHLETE'S PERSONAL MEDICAL HISTORY

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

### **Athlete's Medical History**

1. Has this athlete ever had hospitalization, surgery, injury or serious illness? Yes No

2. Is this athlete now under the care of a physician? Yes No

3. Is this athlete currently taking any medication? Yes No

4. Does this athlete have any known allergies to medications? Yes No

For any question that was answered yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Date

Parent's Signature

*The above Athlete's Personal Medical History must be completed by parent prior to physical*

*Examination.*

## **PHYSICAL EXAMINATION**

*This section is to be completed by a physician.*

Name \_\_\_\_\_

Abnormal physical findings (if none, please indicate):

\_\_\_\_\_  
\_\_\_\_\_

Should there be any limitations placed on athletic participation? (If none, please indicate):

\_\_\_\_\_  
\_\_\_\_\_

I certify that I have on this date examined this student and that, on the basis of the examination and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities.

\_\_\_\_\_

\_\_\_\_\_

Date

Physician's Signature