

**SHENANDOAH VALLEY YOUTH FOOTBALL LEAGUE
FOOTBALL AND CHEERLEADING REGISTRATION FORM**

Circle one..... Football or cheerleader

Age as of December 31, 2018: _____ **Upcoming Grade:** _____

Birth date: _____

Child's name: _____

Mother's name: _____

Address: _____

Father's name: _____

Address: _____

Phone numbers:

Mother's Home phone: _____ Father's Home phone: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Work: _____ Father's work: _____

Emergency contact Name: _____ Phone: _____

Emergency contact: Name: _____ Phone: _____

Mother E-MAIL: _____

Father E-MAIL: _____

In case of an emergency which hospital would you prefer... _____

Any medical conditions... yes or no... if yes please list

Any siblings joining or already playing or cheering in the league... yes or no... if yes please list... names _____

League playing in:

Micros... _____

Freshmen... _____

Juniors... _____

Seniors... _____

I give consent for the League to take and publish pictures of my child at League sponsored events in such items to include but not limited to programs, advertisements, and league websites. However, due to the safety of the children within the League, no other individual and/or business may publish, download on the internet and/or print pictures for publication of said youth in the League without prior consent from parent and/or Shenandoah Valley Youth League.

Parent's signature... _____

Registration Fee: \$55

MINOR WAIVER/RELEASE
Release of liability for minor participants
Read before signing

In consideration of _____, my child/ward, being allowed to participate in any way in the SHENANDOAH VALLEY YOUTH FOOTBALL LEAGUE related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for 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. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my Childs/ward's participation; and,
3. I willingly agree to comply with the programs stated and customary terms and conditions for participation. If I observe any unusual significant concern in my Childs/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/ours heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS.... THE SHENANDOAH VALLEY YOUTH FOOTBALL LEAGUE; its directors, officers, agents, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or lose or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OR RISK MANAGEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARIALY WITHOUT ANT INDUCEMENT.

(Parent/guardian signature)

(Print name)

Date Signed: _____

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

(Participant signature)

(Print name)

Date signed: _____

**SHENANDOAH VALLEY YOUTH FOOTBALL AND
CHEERLEADING
"CODE OF CONDUCT"**

**ALL PARENTS/GUARDIANS WHO HAVE CHILDREN PARTICIPATING
WITHIN THE LEAGUE MUST ABIDE BY A CODE OF CONDUCT, WHICH
INCLUDES THE PROVISIONS THAT FOLLOW. ANY VIOLATION IN THESE
RULES WILL RESULT IN IMMEDIATE EXPULSION FROM THE LEAGUE.
IN ADDITION, YOU WILL BE SUBJECT FOR REVIEW FOR ANY OTHER
SUBSEQUENT YEAR.**

All parents/guardians agree to:

1. I agree to provide positive support, care and encouragement for my child and for all players, cheerleaders, coaches, and officials at every practice, game and competition or other S.V.Y.F.L. events.
2. I agree to place the physical and emotional well being of my child ahead of any personal desire to win.
3. I agree to assist the league administrators and coaches to provide a safe and healthy environment for play.
4. I agree to no smoking on the practice or playing fields, or in the presence or gathering of a team/squad.
5. I agree to abstain from the possession and drinking of alcoholic beverages or the use of any illegal substances at any league function.
6. I agree not deliberately incite and/or participate in "unsportsmanlike" conduct at any league function.
7. I agree to never protest a game official or judge's decision in an aggressive demonstrative manner, which might incite violent or aggressive fan involvement.
8. I agree not to use abusive or profane language or actions at any time at any league function.
9. I agree not to criticize, belittle, antagonize, berate, or otherwise incite the opposing team, its players, coaches, cheerleaders, and fans, officials/judges by word of mouth or by gesture.
10. I agree to treat all children and adults while at any function with respect.
11. I agree to take responsibility for any actions that violates this Code of Conduct by a guest or relative of attending parent/guardian.

**ANY ACT OF DISRESPECT FROM A PARENT/FAN/GUARDIAN DIRECTED
TOWARDS A GAME OFFICIAL/JUDGES, OR LEAGUE OFFICIALS,
CREATING A DISTURBANCE EITHER IN THE STANDSD OR ON THE
PLAYING FIELD, OR HAS BENN EJECTED FROM THE GAME, PRACTICE
OR EVENT, BY AN LEAGUE OFFICIAL OR GAME OFFICIAL, THE
PENALTY WILL BE HANDED DOWN TO THE INDIVIDUAL IMMEDIATELY
BY AN LEAGUE OFFICIAL, AND THE ASSESSED PENALTY WILL NOT
REQUIRE A HEARING TO BE ASSESSED.**

12. I agree if I have been ejected or removed from any league function I will refrain from attending any practices/games/competitions for the period of my punishment.

Parent/Guardian signature

Date

SHENANDOAH VALLEY YOUTH FOOTBALL AND CHEER LEAGUE
MEDICAL CLEARANCE FORM

ASSOCIATION NAME: **Generals Youth Program**
MEDICAL CLEARANCE FORM - MUST BE DATED AFTER JANUARY 1ST 2016

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (child's name:) _____ is physically fit and I found no medical or observed conditions which would contra-indicate him/her from participating in youth tackle football, cheer, dance or athletic activities. I am therefore clearing this individual for athletic participation.

Signature

_____/_____/2018
Date:-must be dated after Jan. 1st 2018

Print name clearly

Office address

PLEASE NOTE: if this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the parent/legal guardian to notify the participants coach and league officials. It will also be the responsibility of the parent/legal guardian to obtain WRITTEN permission from his/her physician to resume participation. A "DOCTERS RESUME PARTICIPATION MEDICAL CLEARANCE FORM" is available from the league or you may have the doctor supply his/her own written clearance as long as it is on the doctor's official stationary and includes the following statement: (participants name) is physically fit and I have found no medical or observed conditions which would contra-indicate him/her from participating in youth football, cheer, dance or other athletic activities. I am therefore clearing this individual for athletic participation.

**THIS STATEMENT MUST BE SUPPLIED BY THE PHYSICIAN ATTENDING TO THE
INJURY, ACCIDENT, OR ILLNESS**