



**\*\*\* Parents please note: Request for a team or coach are not accepted. Teams will be formed by a draft system. Once complete, there will be no roster changes.**

**2016 CCYFL Tackle Football Registration**

Name: \_\_\_\_\_

Did you play last year? Yes \_\_\_ No \_\_\_ If yes, what team? \_\_\_\_\_

Child's current approximate weight \_\_\_\_\_ lbs. Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

What age division will your child play: Small fry (8-10) \_\_\_\_\_ Mite (11-12) \_\_\_\_\_

Does your child have a sibling participating in CCYFL football or cheerleading this year? \_\_\_\_\_

If so, name: \_\_\_\_\_

What area will your child play for: Chester \_\_\_\_\_ Lewisville \_\_\_\_\_ Great Falls \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Mailing Address (including city & zip) \_\_\_\_\_

**Mother's:**

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**Father's:**

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

List any medical or physical condition(s) or restrictions (such as asthma): \_\_\_\_\_

**Birth Certificate:** All participants must provide a copy of their official birth certificate at the time of registration.

**Your child will not be able to participate without a copy of his/her birth certificate on file!!**

**Registration Fee:** \$50.00

**\*SPECIAL NOTE:** Helmet, pads, **jersey**, pants and pads **must** be returned to CCYFL at the final game! A charge will be assessed for any lost or stolen items or items not returned! This charge must be paid before a child can participate in any other CCYFL program. Teams will be decided by a draft system. Request for a specific team or coach will not be accepted. This fee includes a medal at the end of the season.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Cut-off Date: September 1, 2016**(can't turn 11 for small fry division/13 for mite league division before this date)

**Refund Policy:** There will be no refunds given after the first day of practice. All refunds prior to this date will be subject to a \$10 service charge.

**WAIVER**

1. I hereby certify that my child is in normal health and capable of safe participation in the CCYFL youth sports program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the CCYFL to obtain medical treatment for my child in the event that parents and emergency contact cannot be reached.
2. In return for my child being allowed to participate in the CCYFL youth sports program, I agree to in no way hold CCYFL, their employees, sponsors or affiliates liable from all present and future claims that may be made by participant, family or me. I understand that participation in this program involves certain risk, including but not limited to serious injury. I am voluntarily allowing my child to participate in this program with knowledge of the danger involved and agree to all risk of such participation.
3. I understand that the CCYFL does NOT provide insurance.
4. I authorize the CCYFL to take pictures of my child for promotional purposes only. I understand that the photos will not be accompanied by my child's name.
5. I understand there will be a \$10 processing fee for canceling prior to the registration deadline.

As a parent/guardian, I promise to be respectful of the other parents, coaches, officials and children on both teams. I promise to show sportsmanship and keep in mind that we, as adults, will be setting examples for the children. Failure to sign this pledge may result in termination of my child's sports participation, as will any unacceptable behavior on my part.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Volunteer Opportunities**

I would like to serve as a COACH \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Parent \_\_\_\_\_

I would consider coaching if my child's team does not have a coach.

Please contact me at \_\_\_\_\_.

For any questions, please contact CCYFL at 803-377-8045 or 803-581-7429  
or email Chris White at [cwhite@chester.sc.gov](mailto:cwhite@chester.sc.gov) or Shelley Watts at [swatts@chester.sc.gov](mailto:swatts@chester.sc.gov)

**Office Use Only**

| FEE | DATE RECEIVED | RECEIVED BY | RECEIPT # |
|-----|---------------|-------------|-----------|
|     |               |             |           |