



***** 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.**

2019 CCYFL Tackle & Flag Football Registration

Name: _____

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

EFFECTIVE AS OF 2019

***PLAYERS WILL ONLY BE ALLOWED TO PLAY ON TEAMS THAT REPRESENT THEIR ADDRESS AND SCHOOL THEY ATTEND.**

***ANYONE FOUND IN VIOLATION OF THIS RULE WILL RESULT IN DISQUALIFICATION AND NO REFUND WILL BE GIVEN.**

Child's current approximate weight _____ lbs. Age as of September 1st _____ Date of Birth ____/____/____

What age division will your child play: Developmental (4-7) _____ 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: \$60.00 (Small Fry & Mite): \$35.00 (Developmental)

***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, 2019(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 or Shelley Watts at swatts@chester.sc.gov
or Neek Emerson at aemerson@chester.sc.gov

Office Use Only

FEE	DATE RECEIVED	RECEIVED BY	RECEIPT #