

Spartan Youth Football Association

2020 Registration Forms

Player Information

Last Name: _____ First Name: _____

New Player: _____ Returning Player: _____ Player's Date of Birth: _____ Other Siblings in Program (Y/N): _____

Player's Street Address: _____ City: _____ Zip: _____

Home Phone: _____

Mother's Name: _____ Work/Cell Phone: _____

Father's Name: _____ Work/Cell Phone: _____

Player resides with: Both Parents _____ Mother _____ Father _____ Splits time between household's _____

Parent Address and Phone Number (if different from player): Mother _____ Father _____

Street: _____ City: _____ Zip: _____

Home Phone: _____

School Information

Fall 2020 Grade Level (please circle): 4th 5th 6th 7th 8th School attending (Fall 2020): _____

High School Player Will Be Attending: _____ Brookfield East _____ Other (Please Specify and Explain) _____

E-mail Contact Information (please print clearly)

Primary E-mail: _____ Secondary E-Mail: _____

Player Registration Fee: \$295.00 - all Registration Forms

Volunteer Opt-Out Fee: \$250.00 – see details below

Refund Policy: Full refund minus \$25 processing fee on or before March 31st. 75% refund after March 31st, but before June 1st, no refunds after June 1st.

Volunteer Duties: All families are required to provide a minimum of 6 credits of volunteer time during the season, unless a \$250 *Volunteer Opt-Out Fee* is included with registration fees. Volunteer duties will be coordinated and assigned by individual Team Managers. If you are assigned a volunteer position and do not show up for the duties, you will be billed the \$250 as if you had opted out of volunteer duties. Please volunteer – your help is needed and appreciated! Volunteer credits are pre-assigned to each volunteer position and may or may not reflect about an hour of volunteer hours per credit.

____ I agree to volunteer to assist my child's team ____ I prefer not to volunteer and will include the **\$250 Volunteer Opt-Out fee**

The association has openings for the following league positions; please indicate if you would like more information. These roles would coordinate all grade levels as a whole, with each team having a lead person to manage individual team roles.

Corporate Fundraiser Coordinator _____ Fundraiser Coordinator _____ Equipment Manager _____ Concessions Coordinator _____

Please complete and submit all 7 forms along with your check made payable to:

Spartan Youth Football Association

P.O. Box 246

Brookfield, WI 53008-0246

*Please be sure you have adequate postage.

For more information on the SYFA, please visit the Jr. Spartans website at: www.JuniorSpartans.org

By completing and submitting this application, I verify that my child lives in the Brookfield East High School (BEHS) area (or attends a school in the BEHS district) and have read and will abide by the enclosed Spartan Youth Football absence & tardy policy. I also have read and agree to the refund policy listed above.

Parent Signature: _____ Date: _____

Spartan Youth Football Association

For Office Use Only: Cash____ Check____ Check Number____ Grade____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent / legal guardian of _____
(Player name)

I, hereby, give my consent for emergency medical or dental care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Legal Guardian *Phone* *Date*

Name of responsible person to be contacted in the event that you cannot be reached:

Name *Phone*

Relationship to Player: _____

Player Information: Height: _____ Weight: _____

Does the player use an inhaler or epi-pen? _____

If yes, please supply one to the head coach to keep in the medical bag for all practices and games. Label with your child's name and grade. They will be returned at the end of the season.

Medical concerns and/or allergies? _____

Current medications? _____

Has the player ever had a concussion? _____, If yes, how many? _____

Has the player ever experienced concussion symptoms? _____ Did you report them? _____

Child's physician: _____ Phone: _____

Child's dentist: _____ Phone: _____

Spartan Youth Football Association

CERTIFICATION OF HEALTH, PARTICIPATION AND WAIVER OF LIABILITY

As the parent / legal guardian of _____ (player's name), I hereby certify that, to the best of my knowledge, the above-named player is in good health, with no apparent illness, physical or mental disabilities, or other limitations which would preclude participation in tackle football.

In addition, I hereby do attest that this child has had a physical examination within the last twelve months by a licensed physician and has received permission by this physician to participate in the Spartan Youth Football Association, Inc. (SYFA) competitive athletic program.

I, therefore, grant permission for the above-named player to compete and represent SYFA, in approved sports and to participate in the practice sessions necessary to train and condition him/her.

I do hereby forever release and discharge SYFA, and its officers and coaches from all liabilities, claims, causes of action, demands, damages, costs of fees, which the undersigned may now or hereafter have against said corporation for accident or injury which may occur to my child as a result of his/her participation in the athletic program.

Signature of Parent or Legal Guardian

Date

Accepted:

President, SYFA

Date

Spartan Youth Football Association

SYFA Player Code of Conduct

As a member of Spartan Youth Football I agree to follow the following code of conduct:

- I will exhibit good sportsmanship at every game, practice or other Spartan Youth Football event.
- I will be supportive of my teammates.
- I will listen to the coaches at all times.
- I will be respectful of my teammates, coaches, adult volunteers, referees, opponents and their fans. As such, I will not speak negatively of any of the people mentioned above.
- I will never intentionally attempt to injure another player.
- I expect a sports environment that is free from drugs, tobacco and alcohol and will refrain from their use at all times.
- I will avoid the use of foul language (swear words and/or negative comments) at all times.
- I will understand that my failure to follow any of the commitments listed above will lead to reduced playing time and possible expulsion from the Spartan Youth Football Program.

Player Name: _____ Player Grade Level: _____

Player Signature: _____ Date: _____

SYFA Parents' Code of Ethics

I hereby pledge to provide positive support, care, and encouragement for my child participating in Spartan Youth Football by following this Parents' Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coaches be trained in the responsibilities of being a youth sports coach and that the coaches uphold the SYFA Coaches' Code of Ethics.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.
- I will remember that the game is for youth - not adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will help my child enjoy the Spartan Youth Football experience by doing whatever I can, such as being a respectful fan, assisting with coaching, volunteering services or providing transportation.
- I will address concerns regarding my child's participation in a private setting with the appropriate coach(es) and/or board member(s). Follow this two-step process.

1. Parent must set a meeting with the coach initially with concerns about participation/playing time. Note: Meeting should be at least 1 day after game.

2. If issue cannot be resolved with Coach, then the Parent or Coach may set up a meeting to include the President of the Junior Spartans Board and/or other board members.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Spartan Youth Football Association

Release of Information Form

Consent is hereby given to the Junior Spartan Football Organization for the use and edit of any **still or electronic image, video recording, audio recording, or any other visual or audio reproduction in which I or my child** may appear. *Name(s) of children (i.e. under 18 years of age) will not be used to identify images or recording without consent.* I understand that these materials may be used to support recruitment, fundraising, and other communication efforts. Release is hereby given to the staff and volunteers from any liability connected with the use of my or my child's image or voice recording as part of any of the above or similar activities, and I agree that the use of these materials is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Junior Spartan Football Organization's use of these materials.

Printed Name of Athlete

Signature of Adult or Parent / Legal Guardian

Date

Consent is hereby given to the Junior Spartan Football Organization to use my **child's name** in team directories and publications (i.e. list of players on the roster, website, etc.)

Signature of Adult or Parent / Legal Guardian

Date

Printed Name of Adult or Parent / Legal Guardian

I have read the above and do *not* give my consent and authorization for either release above.

Signature of Adult or Parent / Legal Guardian

Date

Spartan Youth Football Association
Statement Acknowledging Receipt of Education and
Responsibility to report signs or symptoms of concussion to
be included as part of the “Participant and Parental Disclosure
and Consent Document”.

I, _____, of Spartan Youth Football Association
Print athlete name

in grade _____ hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Signature of athlete

Date

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. . I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Printed name of parent/guardian

Signature of parent/guardian

Date

Spartan Youth Football Association

WISCONSIN DEPARTMENT OF INSTRUCTION

PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete
Signature _____ Date _____

Spartan Youth Football Association

