

SENECA VALLEY JUNIOR FOOTBALL ASSOCIATION REGISTRATION FORM

PLAYER INFORMATION

Name: (last, first, mi)

Date of Birth:

Age:

Phone:

Current Address:

City:

State:

ZIP Code:

Age as of 8/1/10:

School:

Grade as of 9/10:

FAMILY INFORMATION

Mother or Guardian:

Address:

Phone:

E-mail:

Cell:

Father or Guardian:

Address:

Phone:

E-mail:

Cell:

EMERGENCY CONTACT/MEDICAL INFORMATION

Emergency Contact:

Relationship:

Phone:

Medical Concerns (Allergies, Disorders):

Medications/Treatment:

SVJFAC INFORMATION

Did your child participate in 2009? Circle Yes or No If so, what team?

Circle football or cheer

Age Division You Are Registering For:

_____ 6/7 yr old (max 90 lb) _____ 8/9 yr old (max 110 lb) _____ 10/11 yr old (max 130 lb) _____ 12/13 yr old (12's max 150 lb)
(13's max 115lb)

INSURANCE INFORMATION

Is child covered by family insurance: (circle one) yes no

Policy Name:

Policy Number:

I/we give permission for my/our child(ren) to participate in Seneca Valley Jr. Football of Cranberry (SVJFAC) activities, including, but not limited to practices, games, scrimmages, mini-camps and promotional events such as parades and pep rallies.

All children participating in SVJFAC activities must have a physical, administered by a medical doctor prior to any involvement in association sponsored events. Please ensure you receive the Physical Form. This form will need to be signed by your family physician. Any physical completed after December 1 of last year will be valid for this year's season provided the doctor signs off on the form. Note that SVJFAC does not provide physicals for the participants.

I/We assume full responsibility for all injuries incurred as a result of participation in Seneca Valley Junior Football Association of Cranberry sanctioned events.

Indemnification by parent or applicant, in consideration of accepting this registration, I, intending to be legally bound, hereby, for myself, my heirs and assigns, hereby agree to save, indemnify and keep harmless, any of the sponsoring individuals and the Seneca Valley Jr. Football Association of Cranberry and Coaches, or other individuals involved, against any and all liability, claims, judgments or demands arising as a result of injuries sustained by the registrant while traveling to and from games, during the course of instruction, and during games and other sanctioned events.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

SVJFAC Information Release Form

From time to time SVJFAC may wish to make use of a child's name, address, phone number, picture, etc. in a team roster, team directory, web page highlights from the week's games, etc. In order to include your child's information, we need your permission. Please complete the following form for each child to indicate your desires with regard to this information.

For the purposes of the year book we cannot guarantee that your child will not show up in team pictures, action shots, etc. However, we will exercise all reasonable means to ensure pictures of your child by themselves do not appear in the yearbook if you select photos to be withheld from publication.

I, _____, the parent / guardian of

_____ of the _____:

Players name

Team Name

Please circle accordingly in each block to permit or deny publication of your child's information:

Item	Roster / Team Directory	Year Book / Photos	Web Page
Child's Name	Permit / Deny	Permit / Deny	Permit / Deny
Address	Permit / Deny	////// //////	////// //////
Phone Number	Permit / Deny	////// //////	////// //////
Picture	Permit / Deny	Permit / Deny	Permit / Deny
Parent's Names	Permit / Deny	////// //////	////// //////

Parent / Guardian Signature

Date

Seneca Valley Junior Football Association of Cranberry Health & Fitness Evaluation Form

Name of Athlete: _____ Season (year): _____

Birth date: _____ Age: _____ Grade in Fall: _____

Address: _____

Street City ZIP

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Regarding the Athlete

1. Has had injuries requiring medical attention within the past year? No _____ Yes _____
If Yes, type of injury: _____

2. Has had rheumatic fever or heart murmur? No _____ Yes _____

3. Has been under physician's care for illness or surgery? No _____ Yes _____
If Yes, type of injury or surgery: _____

4. Had an immediate relative die suddenly before the age of 60? No _____ Yes _____

Does the athlete:

Wear Glasses? No ____ Yes ____ Contacts? No ____ Yes ____

Take Medication? No ____ Yes ____ If yes, what kind? _____

Hospital Preference (in case of emergency) _____

To be Completed by Physician

Physician's comments on medical history: _____

Ht: _____ Wt: _____ Pulse: _____ BP: _____

Maximum Allowable Weight Loss: _____

Comments: _____

I certify that I have on this date examined this athlete and find him (her) physically able to participate in Seneca Valley Junior Football Association of Cranberry supervised activities.

Limitations: _____

Signature: _____

Examining Physician

Date

Physicals are valid for one year from the date of the physical.

**SENECA VALLEY JUNIOR FOOTBALL ASSOCIATION
PARENT'S RESPONSIBILITIES**
PLEASE READ BELOW AND SIGN OFF ON THE FOLLOWING:

1. Equipment/Uniforms:

SVJFAC will provide to football players, a helmet, mouthpiece, shoulder pads, game pants, game jersey, hip pads, thigh pads, tail pad and knee pads. If the equipment is not returned to the organization at the end of the season, SVJFAC will cash your post dated check dated 10/1/10 in the amount of \$100. Return dates will be announced towards the end of the season.

SVJFAC will provide to cheerleaders, a shell and skirt. You will be responsible for mandatory items such as turtleneck, shoes, socks and hair ribbon. If the uniform is not returned to the organization at the end of the season, SVJFAC will cash your post dated check dated 10/1/10 in the amount of \$100. Return dates will be announced towards the end of the season.

X _____ Deposit Check # _____

2. Registration Fees:

The registration fee for football is \$140. Cheerleading registration is \$100. Cheerleaders will pay an additional fee for competitive squads in the amount of \$125.

X _____ Registration Check # _____ Competitive Camp Check # _____

3. Mandatory Raffle Ticket Fundraiser:

Each family is required to submit funds for the annual raffle ticket fundraiser in the amount of \$125. These funds are to be paid by check on August 13, 2010. Should the \$125 not be paid, your child will not be permitted to participate in any SVJFAC events until the monies are paid.

In the event your child withdraws from the association within a certain time frame, you must return the raffle tickets and/or money collected from the sale of such in order to receive a full and/or partial refund. It is your responsibility to keep track of your tickets once you receive them. You will not receive a second book and will be responsible for payment of the fundraiser even if you lose or misplace your tickets. By signing below you acknowledge receipt of the raffle tickets.

X _____ Raffle Ticket Check # _____ Date Paid _____

4. Concession Stand Duty:

Concession stand duty is based on the number of children you have participating in the association. You may choose to be a manager for one of your child's teams and forgo duty for the other children's teams (limit of two managers per team). This will be determined after football teams have been drafted and after cheer tryouts are completed. Concession stand duty consists of working at the concession stand 1-2 times for practice and at 1-2 times during games. You will NOT miss your child's game and will be scheduled either before or after their game.

In the event that you cannot complete the concession duty on the date specified by your Concession Manager, you are responsible to secure a teen worker and pay them accordingly. Failure to do so will result in an additional penalty, i.e. \$25 fine, picking up trash after a game, etc. Failure to fulfill any penalties will result in your child not participating in practices, games or other SVJFAC events until the penalties have been satisfied.

X _____

Your help is necessary to ensure that our organization has another successful season. There are numerous areas where you can help the organization. Please indicate below the areas where you can provide assistance.

___ Fundraising ___ Equipment ___ Field Maintenance ___ Cheerfest ___ Team Mom
___ Marketing ___ Stick Holder ___ Communications ___ Year Book ___ Team Dad
___ Head Coach ___ Asst. Coach ___ Announcer ___ Concession Mgr. ___ Cap. Improvements

Child's Name (PLEASE PRINT CLEARLY)

Child's Name Age

Child's Name Age