# 2011 Villages Football Registration Form

**Participant's Name: _____ Football___ Cheer___**

**Address: _____**

**City: _____ State: _____ Zip: _____ Home Phone:_____**

**Cell Phone: _____ E-Mail Address: _____**

**Date of Birth: _____ Approximate Weight: _____**

**Grade Level (2011/2012): ____ School (2011/2012): _____**

**Father/Guardian's Name: _____ Work Phone: _____**

**Mother/Guardian's Name: _____ Work Phone: _____**

**Notify in Emergency: _____ Phone: _____**

**Tackle Football Years of Experience: _____ Cheerleading Years of Experience: _____**

**Sibling Participating This Season: Yes, in Football:_____ Yes, in Cheer: _____**

**T-Shirt Size: (Circle One) YS YM YL S M L XL (Y = Youth Size)**

**********  **Please read, sign, and date the following**  **********

1. I hereby certify I am the parent or legal guardian of the above mentioned participant and I hereby authorize officials of the American Youth Football and Cheer program to act on my behalf to secure necessary emergency medical treatment for the named participant.
2. I understand that this permission is given in advance of any specific diagnosis, treatment, or hospital care required and hereby give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician may deem necessary.
3. I also acknowledge that I am aware that participation in any sport can be dangerous in nature and involves MANY RISKS OF INJURY. I understand that the dangers and risks of playing, or practicing to play, the sport of American Youth football or cheerleading may include, but not be limited to, death or serious injury to all aspects of the body including bones, joints, tendons, muscles, and internal organs, as well as general health and wellbeing.
4. I hereby acknowledge that prior to being placed on a team all fees must be paid in full.
5. I acknowledge that after July 25th no refunds will be granted except for players who make the middle school or high school team and cannot play for VFA. I also acknowledge that Villages Football Association (VFA) will deduct any expenses incurred on behalf of the participant between registration and the refund request. All refund requests must be made in writing to PO Box 600982 Jacksonville, FL 32260.
6. I acknowledge that all equipment used by the participant during the season must be returned at the end of the season. If equipment is not turned in at the end of the season, I will be charged a replacement fee. This also applies to cheerleading uniforms.
7. I understand that as a parent of a team participant it would be beneficial for the parents to volunteer time to support association activities such as concessions duty and other game day support functions.
8. I agree to read, understand, and enforce the VFA Parent Code of Conduct as published at vfapanthers.org.

**Parent or Guardian: _____ Date: _____**

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**Official Use Only:**

**Total Paid:_____ Form of Payment:_____ Number:_____**

**Payment Notes: _____**

**Football Division: 1st 3rd 5th 6th 7th 9th Cheer Division: 7u 10u 12u 15u**