

2012 VFA 7 on 7 Football Registration Form

Participant's Name: _____

Address: _____

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

Cell Phone: _____ E-Mail Address: _____

Date of Birth: _____

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

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

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

Notify in Emergency: _____ Phone: _____

T-Shirt Size: (Circle One) YS YM YL S M L XL XXL XXXL (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 Villages Football 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 football 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 allowed to participate all fees must be paid in full.
5. I acknowledge that after March 30th no refunds will be granted. 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 52 Tuscan Way, Suite 202-332, St. Augustine, FL 32092.
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.
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: _____

Official Use Only:

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

Payment Notes: _____