



Sanford Youth Football & Cheerleading Association

P.O. Box 2895 • Sanford, Florida 32772-2895



2010 FOOTBALL REGISTRATION FORM

_____ **Returning Player: Yes** **No**
 Last Name MI First Name

_____ **Street Address** **Apt. No.** **City** **Zip Code**

_____ **School Attending 2010** **High School District** **Grade attending August 2010**

_____ **Date of Birth** **Age as of August 1, 2010** **Circle Team Last Season (2009): TM MM JPW PW JM MM**

PARENTS/LEGAL GUARDIANS

_____ **Parent's First Name** **MI** **Last Name** **Emergency Contact**

_____ **Phone (Home)** **Phone (Other)** **Phone (Home)** **Phone (Other)**

_____ **Email Address**

*2010 Registration Fee is \$225.00. A non-refundable deposit of \$75.00 **MUST** accompany this registration form.*

Initial Team/Squad assignments will be given to returning Players/Cheerleaders who register prior to April 10, 2010. Remaining slots will be assigned to all first time registrants beginning April 11, 2010, based on date registration is received or postmarked. Additional siblings are \$200.00 each. **No refunds for any reason will be given following the 1st day of practice.**

Additional equipment/items will need to be supplied by parents/guardians for participants (ex: football cleats, practice pants, practice jersey and 7 piece pad sets) additionally, there may be team fees required to cover incidental expenses (ex: mouth pieces, chin straps, etc.) as well as other fees (ex: facilities use fees, post season play and other playoff games) Details regarding these fees will be provided by the coaches as the season nears.

Pictures/Images of participants and spectators may be placed on the SYFA website or any printed material from SYFA. Individual participants will not be identified by name.

Participation in competitive athletics may result in severe injury, including paralysis, or death. Improvement in equipment, medical treatment, and physical conditioning, as well as rule changes have reduced these risks, but it is impossible totally eliminate such occurrences from athletics.

MAKE CHECK OR MONEY ORDER PAYABLE TO SYFA

_____ **Parent's Signature** **Date**

SYFA USE ONLY

Deposit	Date Received	Check #	Balance	Date Received	Balance	Notes

syfapopwarner@cfl.rr.com