

Please Read Carefully!

Parent/Guardian Agreement

I understand that once my child has registered with Kanawha Youth Football and Cheerleading Association (KYFCA) for the 2012 season, that child, under Metropolitan Youth Football League (MYFL) rule, may not register with another MYFL member association for the 2012 season. By completing the KYFCA Registration or Pre-Registration Form and/or the MYFL Participant Eligibility and Code of Ethics Form, you are registered with MYFL and KYFCA.

I recognize that the registration fees cover only a portion of the costs associated with KYFCA, and sponsoring the football and cheerleading programs and essential funding for these activities also comes from concession stand profits, donations and fundraising programs. I recognize that all officers, board members and coaches are volunteers and receive no pay and that those volunteers are required for the association's activities. **I also recognize and agree that serving in the concession stand, or in another volunteer capacity, is required.** Failure to serve in the concession stand, or in another volunteer capacity, can result in a suspension of participation of your child in league activities.

IMPORTANT

- Junior level football players **are** eligible to play both MYFL and school football; **NO** refunds will be issued.
- Midget level football players **MAY NOT** play **MYFL** and school football.
I will **immediately notify** KYFCA if the registered applicant is trying out for middle school football.

Refunds will only be given to players/cheerleaders who have either moved out of the area, or are unable to participate due to a medical condition. Participants withdrawing due to medical conditions will be required to submit a letter from their physician. In any case, there is a \$75.00 fee that cannot be refunded. No refunds will be made after the second week of pre-season practice.

Any behavior deemed inappropriate or un-sportsmanlike by the KYFCA board from a child **OR** parent could result in their dismissal from the association.

(Please return this portion with registration form.)

Current Medical Information:

Child's Name _____ Parent's Name: _____

Primary Physician: _____ Phone: _____

My child/participant has primary medical insurance ____ (yes) ____ (no)

Name of insurance company: _____

Allergies or Medical Conditions of which we should be aware: _____

Emergency Contact (other than parent/guardian):

Name: _____

Phone Number: _____ Relationship: _____