



Varina Athletic Association
2007 REGISTRATION FORM

- FOR LEAGUE USE ONLY**
- Birth Certificate
 - Code of Ethics
 - Picture
 - Equipment Agreement

 - Fees Paid
 - Check # _____ Cash []
 - Receipt # _____

PLEASE PRINT

PARTICIPANTS INFORMATION

Age as of **September 30**, 2007: _____ Date of Birth: _____ Weight: _____

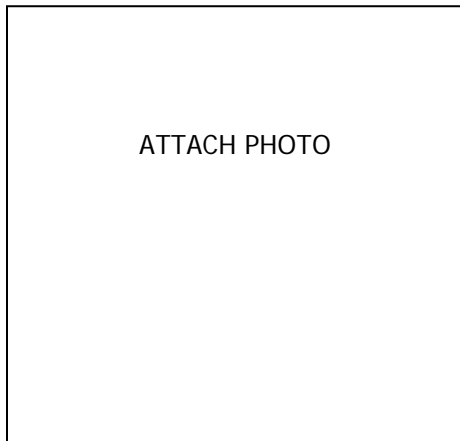
Participant's Name: _____
(Last) (First) (MI) (Nickname)

School Attending in 2007-2008: _____

Did the participant play for the Blue Devils in 2006: _____ Division: _____

Mother / Legal Guardian		Father / Legal Guardian	
Name		Name	
Address		Address	
City & Zip		City & Zip	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile/ Pager		Mobile/ Pager	
Email Address:		Email Address:	

I understand that I must provide an **original** birth certificate or DMV child's id for my child if he or she did not play for this Association in 2006. _____ Parent's Initials



PARENT/GUARDIAN DECLARATIONS

Please read carefully:

1. To the best of my knowledge, my child is in good physical and emotional health.
2. I, the parent/guardian, of the named child, hereby give approval to his/her participation in this youth activity. I understand that football is a physical contact sport and that injuries do occur. I assume all the risks and hazards incidental to such participation, including transportation to and from activities; and I do hereby waive, release and agree to hold harmless the Varina Athletic Association, coaches, organizers, sponsors, supervisors, participants and persons transporting the player to or from activities, from any claim arising out of an injury to the player, whether the result of negligence or any other cause.
3. **I agree to return all uniforms and equipment issued by Varina Athletics to my child in as good condition as when received.** If not returned, I agree to pay replacement costs for the uniform as determined by the Varina Athletic Association.
4. I understand that IT IS MANDATORY FOR ALL PLAYERS TO HAVE A PARENT OR GUARDIAN PRESENT AT ALL TIMES DURING PRACTICES AND GAMES.
5. Refunds for non-participation will only be made through September 1, 2007. If Metro insurance has been paid prior to refund, \$8 will be deducted.
6. **It is understood that there is no guarantee of equal playing time. In each game, each football Participant shall play a minimum of two plays in addition to kickoff and punt teams(4 plays in which two can be special teams) with the exception of Flag. In Flag, all players will have a minimum of 6 plays in every game, two of which may be special teams. ALL PLAYERS WILL HAVE EQUAL PRACTICE TIME.**

Parent / Guardian Signature: _____

CONDUCT AND DISCIPLINARY ACTION

Disciplinary action may be taken at the discretion of the Varina Athletics Football Board or the Varina Athletic Association Board for violations of this code, which may include expulsion from the program without a refund.

DISCIPLINARY ACTION WILL RESULT FROM, BUT IS NOT LIMITED TO THE FOLLOWING:

1. Harassment of the officials by players, coaches or spectators.
2. Intoxication and/or consumption of intoxicating beverages or illegal drugs at an event sponsored by the association.
3. Verbal or physical abuse of players by coaches and/or other adults.
4. Fighting
5. Verbal abuse, threats or other "unsportsmanlike" conduct toward an opponent.
6. Violations of the rules of this association or the league in which the association is participating.
7. Interfering with players or other teams in the league without consulting the coach of that team and the league or football commissioner.
8. Any interference with league or team activities that would be detrimental to the welfare of the association or any of its teams, coaches or players.

Your signature below indicates you have read and understand what behavior is expected and that you agree to abide by this code set forth.

Signature Participant Date

Signature Parent/Guardian Date

PHOTOGRAPH RELEASE

I, legal parent/guardian of _____ give permission for my child to have his/her picture taken and/or videoed for the Varina Athletics Website, other websites or direct association with Metro and also for use in the local newspapers, and I hereby hold Varina Athletic Association and its representatives harmless in the exercise of this authority.

Parent/Guardian Signature

Date

FUNDRAISING AGREEMENT

As with any non-profit organization, the Varina Youth Football League depends heavily on fundraisers to help keep the registration cost at a minimum. I agree to participate in all league fund raising activities. I understand that in the event I do not adhere to the Fundraising Agreement, my child will not participate in any games as set by the Varina Athletic Association. If I choose not to participate, I will fill out the Opt Out Form and turn it in with the Opt Out Fee of \$40.00.

Parent/Guardian Signature

Date

VOLUNTEER INTERESTS

Team Parent: _____

Clock Operator: _____

Homecoming Committee: _____

Asst Coach: _____

Announcer: _____

Fields Committee: _____

Equipment Assistant: _____

First Aide*: _____

* must have First Aide / CPR training*

**METROPOLITAN YOUTH FOOTBALL LEAGUE
PARTICIPANT ELIGIBILITY AND CODE OF ETHICS FORM**

The Metropolitan Youth Football League exists to promote the mental and physical development of youth in such a way as to develop high character and moral standards, a sense of competitiveness and fair play, respect for authority, help of your fellow man, and LOVE of God, family and country.

To foster these ideals, you agree to abide by this Constitution, by-laws and all other rules and regulations of the League and to exhibit honesty, fair play, and respect for participates, officials, coaches, and spectators regardless of race, sex, creed or ability.

Your signature below indicates your agreement to abide with the above and to aid the League in the enforcement in the Code Of Ethics by reporting violators in writing to:

Mike Woody, Commissioner, MYFL /10398 Jordan Drive /Glen Allen, VA 23060

*This form **must** be signed by all as indicated below and retained by your association with the master registration list for confirmation by the MYFL on roster night in order that the participant be considered a duly registered member of the MYFL and the Association below.*

Has the child registered with a MYFL member association prior to this year?

Yes { } No { } Association _____

Have you registered this year with an association *other* than the one, which you are now registering?

I understand that I may register with only one MYFL association for a particular season.

Yes { } No { } Association _____

I understand that I/my child may not play school football other than tryouts during the school year, unless league approval is granted.

Participants
Signature _____ Date _____

Parent or Guardian
Signature _____ Date _____

****See Article 12, Section 6 .1 of the MYFL Constitution***

Addendum #9 ** Midget level players only**

It is understood that I/my child may not play school football while playing for an MYFL Member Association Midget level team. I understand that I/my child may try out for this school team but must declare his/her intentions no later than 5pm Friday, September 14th 2007, the day preceding the second scheduled varsity football game. School cut and/or school roster dates will not apply.

I further understand that if I/my child is found to be in violation of this rule that my MYFL team will be subject to the following: Forfeiture of all games affected, forfeiture of any Post Season play and a fine of \$100.00 will be imposed on the Association for each game affected.

Participants Name _____ Age _____
Birth date _____ Varsity Or Junior Varsity (circle one)
Participants Signature _____
Parent/Guardian Signature _____

2007 Medical Information Form and Consent

Participant's full name: _____

Home address: _____

Participant's medical problems/allergies/disabilities:

Medications participant (prescription or over the counter) is currently taking or takes regularly:

Participant's Pediatrician (name/address/phone #):

Participant's Health Insurance Carrier
(Include: subscriber same or named insured/policy number/ID#/Group#/ phone#):

Emergency contact/relationship (in case parent/guardian can not be reached):

Home #: _____ Work #: _____ Cell #: _____

CONSENT

In the event of injury, I, undersigned Parent/Guardian, do hereby grant permission for my son/daughter/ward, identified above, to receive the emergency medical treatment deemed necessary. I acknowledge, understand, and agree that this authorization is to be used only in an emergency situation when I cannot be contacted or am not present, and I hereby hold Varina Athletic Association and its representatives harmless in the exercise of this authority.

Signature of Parent/Guardian

Date