



20\_\_ YOUTH TACKLE FOOTBALL REGISTRATION

**\_PEEWEEES K - 2ND \_ JUNIORS 3RD - 4TH \_ SENIORS 5TH - 6TH**

Football K-6th Grade

Includes: Home Jersey, Game Pants and Game Socks. All players will check out; practice jersey, practice pants, belt, pads, shoulder pads, helmet w/ chin strap and return at the end of the season.

REGISTRATION FEE \$350 \_\_\_\_\_ DEPOSIT \$150 \_\_\_\_\_ DATE \_\_\_\_\_

Paid Cash \_\_\_\_\_ Card \_\_\_\_\_ Venmo \_\_\_\_\_

*All families will be required to volunteer a minimum of 2 hours.*

*If you choose not to volunteer, the 20\_\_ registration fee is \$400.*

**I agree to serve min. of 2 hrs at any scheduled "Home Game". Int. \_\_\_\_\_**

**Make checks payable to: Clovis Rebels or CVYFL**

**P.O. Box 3733 Clovis, CA 93613**

Child's Name: \_\_\_\_\_

Requested Last Name On Game Jersey \_\_\_\_\_

(Please Print Clearly)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address Apt# City zip code: \_\_\_\_\_

Home # \_\_\_\_\_

School entering in Fall 20\_\_ : \_\_\_\_\_ Grade in the Fall: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell # \_\_\_\_\_

email: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell# \_\_\_\_\_

email: \_\_\_\_\_

Additional emails added: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Relation: \_\_\_\_\_

Contact #: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Relation: \_\_\_\_\_

Contact #: \_\_\_\_\_

Previous Football Experience: \_\_\_\_\_

Child's Name \_\_\_\_\_

(Please print clearly)

**Emergency Health Information / Medical Information**

This participant has the following health conditions: (Check all that apply)

ADD/AHD

Epilepsy/ Seizure Disorder

Heart Condition

Glasses/Contacts

Bleeding Disorder

Hearing Difficulty

Asthma-Inhaler (Circle One: Yes No)

Medication Allergy \_\_\_\_\_

Food Allergy \_\_\_\_\_

Serious Accident/Illness \_\_\_\_\_ Date \_\_\_\_\_

Other Health Concerns \_\_\_\_\_

**Authorization for Emergency Medical Treatment**

The undersigned, legal custodian of \_\_\_\_\_ a minor, hereby authorizes the principal or designee into whose care the aforementioned minor player has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given pursuant to the provisions of Section 6910 of the California Family Code, and shall remain effective for the 2020 Football & Cheer season unless revoked in writing and delivered to said agent(s). I understand that the Central Valley Youth Football & Cheer/ Clovis Rebels, Board of Directors and coaches, assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray or treatment provided in relation to this authorization shall be borne by the undersigned.

I understand that the Central Valley Youth Football League /Clovis Rebels does not provide medical or accident insurance for any related accident received while participating in any CVYFL / Clovis Rebels activities.

I authorize the release of medical information by the Central Valley Youth Football League / Clovis Rebels to my insurance company as necessary to process a claim or request reimbursement for medical services rendered to my child. Any shared information will be limited to service documentation only.

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance/Medical: \_\_\_\_\_ Group/Policy No: \_\_\_\_\_

Check one of the following Options:

My child is currently insured.       I will insure my child.       I choose not to insure my child.

By signing this agreement I acknowledge and agree to pay / complete registration and any additional fees by July 17th, 20\_\_\_. **If the balance remains unpaid, your child will not be given a uniform or issued practice gear.**

**The first \$150.00 paid is a Non-Refundable Processing Fee.**

If a player listed above decides not to participate in the CVYFL program, the remaining paid registration, **excluding the \$150.00 processing fee**, can be refunded by submitting a request by **email** to: [clovisrebelsfootball@gmail.com](mailto:clovisrebelsfootball@gmail.com) by July 24th, 20\_\_.

**After July 24th, 20\_\_\_ NO Refunds will be issued. NO EXCEPTIONS.**

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE (REQUIRED)

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE ((REQUIRED)

\_\_\_\_\_  
PARENT / GUARDIAN (PRINT NAME)

\_\_\_\_\_  
PARENT / GUARDIAN (PRINT NAME)

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_