

Columbus Youth Football, INC

Chattahoochee County Clubview Panthers Eastway Cherokees Edgewood Red Devils Ft. Benning Bengals Northeast Packers Phenix City Titans Figgville Raiders South Columbus Raiders

2018 Season Participant Application

For more info visit www.columbusyfl.com / 706-575-1738 call or text 4pm-8pm

REGISTRATION INFO	Registration Dates & Sites: <small><i>we reserve the right to close registration after the first 50</i></small> July 14th, 21nd, 28th 9am-2pm Pop Austin Gym 1301 Alexander Street Columbus, Georgia 31904		August 4th, 11th 9am-2pm Pop Austin Gym 1301 Alexander Street Columbus, Georgia 31904					
	Please complete the application and bring with you when attending a Registration Session. Your child, whether they are applying for a position as a football player or a cheerleader, must accompany you to a Registration Session for weigh-in and cheerleaders will also have their pictures made for an ID Card. CYF Football Registration Fee is \$40.00 CYF Cheerleader Fee is \$30.00 CASH ONLY EXACT AMOUNT. League Fees are \$75 - \$100 the exact amount due will be provided by the League.							
	<input type="checkbox"/> New Participants - If your child DID NOT participate in the 2017 CYF Regular Football / Cheerleading Season then you must complete this application, provide proof of your child's age and provide two proofs of address dated less than 30 days from the date of your Registration Session. Playing Areas will be assigned as Open Areas (any where there is not a Boundary Area) and an actual Boundary Area.							
	<input type="checkbox"/> Returning Participants - If your child DID participate for the full 2017 CYF Regular Football / Cheerleading Season then complete this application only as a renewal of information already on file There is no proof or verification required. You and your child must attend one of the Registration Sessions. Your child must return to the same League, unless you have moved and now reside in an Open Area or League Boundary Area and would like to now participate there, then you must re-verify your child's age and address.							
PARTICIPANT INFO	Child listed below would like to participate with CYF as:		<input type="checkbox"/> Football player		<input type="checkbox"/> Cheerleader			
	Last Name:		First Name:		Middle Name:			
	Address:				Bldg or Apt #:			
	City:		State:		Zip Code:			
	Home Phone:		Date of Birth:		Current Weight: Lbs.			
	Child's Age as of 09/01/2018:		<input type="checkbox"/> 4 yrs old <input type="checkbox"/> 5 yrs old <input type="checkbox"/> 6 yrs old <input type="checkbox"/> 7 yrs old <input type="checkbox"/> 8 yrs old		<input type="checkbox"/> 9 yrs old <input type="checkbox"/> 10 yrs old <input type="checkbox"/> 11 yrs old <input type="checkbox"/> 12 yrs old <input type="checkbox"/> 13 yrs old			
	School Attending, Fall 2018:				Grade, Fall 2018:			
	Child currently resides with:		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other					
PARENT OR GUARDIAN INFO	Mother or Guardian's Name:		Father or Guardian's Name:					
	Please provide the information below if any of it is different than the information above:			Please provide the information below if any of it is different than the information above:				
	Address:			Address:				
	City / State / Zip:			City / State / Zip:				
	Home Phone:		Cell Phone:		Home Phone:		Cell Phone:	
	Email:			Email:				
INSURANCE & EMERGENCY INFO	Does the participant have any medical condition(s) which could affect his / her participation in football or cheerleading? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	If your answer to the question above is yes, please explain:							
	Health Insurance Company: (required)			Policy #:				
	Emergency Contact (Other than Parent or Guardian):							
	Name:		Relationship:		Phone:			
PARENT OR GUARDIAN ACKNOWLEDGEMENTS	I certify all information provided herein and attached is true and correct to the best of my ability and belief; my signature below authorizes the Columbus Youth Football Executive Committee to verify any of the above information.							
	The following additional required information will be provided at registration, please initial after you have received and reviewed the material:							
	I have read and received a copy of the Parent Code of Ethics & Athlete Concussion Info & understand the rules that must be followed.				Initial <input type="checkbox"/>			
	I have read and received a copy of page 1 and page 2 on the Waiver of Liability Form and understand the provisions.				Initial <input type="checkbox"/>			
	I understand there will be no refunds after 08/06/18. All refunds will be determined on a case by case basis and the maximum amount of the fee to be reimbursed is 25%.				Initial <input type="checkbox"/>			
	Parent / Guardian Signature		Date		CYF League Approval		League Representative	
	FOR CYF USE ONLY:		Assigned Applicant ID #:		Date Applicant ID Assigned:			