**PARTICIPANTS INFORMATION** 

Volunteer Check will be paid to the order of \_\_\_

#### MYF BOARD USE ONLY

- o Football
- o Cheer

\_\_\_\_, at season closing if hours are complete.

- o Paid in Full
- Payment Plan
- o Sponsorship

Child's Name (as shown on Birth Certificate	?):				_		
Date of Birth:// <i>MM/DD/YY</i>		Nge on July 1, 6*-14*) must b					
Name of School Child will attend in Augu	ust 2024-202	4:					
Grade Child will be in (Please circle one):							
K 1 2 3	4 5	6	7 8	9			
Insurance Carrier:							
PARENT INFORMATION Parent(s) Guardian Name:							
Full Address (please include city o	and zip):						
Parent Contact Number: 2 <sup>nd</sup> Parent Contact:							
Parent(s) Email Address:					-		
EMERGENCY CONTACT							
Emergency Contact Name:					-		
Emergency Contact Phone:				_			
Relation to Child:				-			
LEAGUE REGISTRATION FEES — (Please che	-	ſ			Data Daid		
□ Option 1 – Parent Initials:  \$50.00 Non-refundable Sign-up fee*  \$200.00 Volunteer Deposit**  \$400.00 Registration Fee***  *Sign-up fee due at time of sign-up	Date Paid (Cash/CC)	\$50.00 \$350.00 \$400.00	<b>ption 2 – Pa</b> Non-refur Volunteer Registratio	dable Sign-up fee* Buyout	Date Paid (Cash/CC)		
**Volunteer Hours must be met for returns – 8 h Parent Fact sheet for more information ***There is an additional cost for uniforms/comp	·			•	our website or		

Please print clearly

## Medical & Liability Release

#### **RELEASE OF LIABILITY**

I, the undersigned parent/guardian of:, child to participate in Martinez Youth Football & Cheer Association (MYF), activity acknowledge that by taking part in any MYF activity and events there is a possib child; therefore, and with this knowledge, I do hereby grant permission to any madminister any needed treatment to my child should he/she become injured or agree to hold harmless and forever discharge MYF, Board Members, Coaches, Jr. any injury or illness incurred because my child participates in MYF activities and circumstances.	ties and events. I do hereby ility of injury or illness to my nedical staff member(s) to ill. Additionally, I do hereby Coaches, and volunteers for
Parent(s) Name:	
Parent(s) Signature:	Date:
Medical Insurance:	
MEDICAL INFORMATION	
Please list all medical conditions including Asthma:	
Please list all allergies:	

#### Code of Conduct

Martinez Youth Football & Cheer Association (MYF) is a respectable organization. It is the expectation that all representatives of this organization, whether they be the registered participants, parents, family members, Coaches, or Board Members, conduct themselves in a respectful and wholesome manner while attending any and all MYF-related gatherings.

Any member, player, parent, or family representative of a member, spectator, Head Coach, Assistant Coach, or Association Official may be barred from participating in the association, who, in the opinion of the association demonstrates:

- A. The inability or unwillingness to cooperate with his/her team, MYF Coaches/Board, or Association Officials, or a reluctance to meet his/her assigned responsibilities
- B. Persistent acts of poor sportsmanship
- C. Acts of vandalism, violence, commission of crimes, or other deeds which cause damage to any property or the reputation of MYF and/or its members
- D. Any use of profanity/foul language
- E. Slander/defamation of MYF, its participants, or its members
- F. Combative dialogue by ANYONE with any referees/officials. The EBYFC, along with the Refs Association, has placed a strict zero-tolerance policy across the entire league
- G. NO DRUG/ALCOHOL USE within 100 yards of ANY practice or game fields, parking lots, or ANY MYF gatherings
- H. Any fighting will result in immediate dismissal without a majority Board vote
- I. Social Media posts should not showcase unsportsmanlike content. EBYFC has placed a strict zero-tolerance policy across the EBYFC League.

Decisions to dismiss or suspend an offensive party require a majority vote of the MYF Board of Directors.

By signing below, I \_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_, understand that I am assuming responsibility for any family, friend, or spectator in attendance at any MYF gatherings on behalf of my child. I will inform them of the above code of conduct and will impress upon them the importance of adhering to this code of conduct.

Participants Signature: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

MYF VP: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

MYF President: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

### DOCUMENT CHECK OFF LIST – MYF BOARD USE ONLY

	FOOTBALL CHEER		JPW PW JV VARS	ITY		NEW PARTIC	CIPANT PARTICIPANT
LAYEI	R NAME:						
	Weight: Picture:			er Initial:er Initial:		- FOOTBALI	. ONLY -
	Player Card Child Signature F	ront		Board Member	Initia	l:	
	Player Card Child Signature E	Back		Board Member	Initia	l:	
	Parent Signature Player Card			Board Member	Initia	l:	
	Player Card Complete			Board Member	Initia	l:	
	Physical			Board Member	Initia	l:	
	Birth Certificate ORIGINAL O	NLY		Board Member	Initia	l:	
	Registration Form			Board Member	Initia	l:	
	Code of Conduct Initial:			Board Member	Initia	l:	Board Member
	Release of Liability/Medical			Board Member	Initia	l:	
	Heads Up			Board Member	Initia	l:	
	Paid in Full	Board N	Летbе	er Initial:			
	Payment Plan	President or Vice President Signature:					
	Scholarshin Program	Preside	nt or V	ice President Sign	natur	·e·	