



2019

Lee County Hawks Football & Cheer Organization

Southwest Florida Youth Football League



Player Information Sheet

Football Cheer
Prior Experience/Team _____

Participant Full Name: _____ Nickname: _____

Date of Birth: _____ Age as of July 31st 2019: _____

Full Mailing Address: _____

Parent/Guardian Information

Primary Contact

Secondary Contact

Full Name: _____

Employer: _____

Email: _____

Phone: _____

Additional Emergency Contact Name & Phone: _____

I acknowledge there are no registration refunds.

Parent Signature: _____

Football Players: Please select three jersey number choices. Number Choices are NOT Guaranteed but we will try to accommodate all players. #1 _____ #2 _____ #3 _____

Below to be filled out by Coach or Board Member

Football Players

Height: _____

Weight: _____

Helmet Size: _____

Shoulder Pads: _____

Jersey Size: _____

Pants Size: _____

Cheerleaders

Top Size: _____

Bottom Size: _____

REQUIRED ITEMS: Check if Attached

_____ Birth Certificate

_____ Report Card (Final 2019 Due at Start of Fall Season)

_____ 2019 FHSA Physical

_____ Player Participation Sheet

_____ Player Insurance & Medical Info Sheet

_____ Player/Parent Code of Conduct Sheet

_____ Headshot Photo

REGISTRATION COST:

- \$199 Early Registration if paid in full By December 1st 2018.
- \$250 Regular Registration

PAYMENT INFORMATION:

Amount Paid: _____

- Cash
- Credit Card
- Check #: _____

Final balances must be paid by **April 1, 2019.**



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This sheet must be completely and legibly filled in for each player and placed in the Team Roster Book

Team Name: LEE COUNTY HAWKS Age as of July 31st 2019:

Player Name: Date of Birth:

School Attending: Grade for 19/20 School Year:

Necessary Documents to be attached to this package:

- 1. Current Head Shot Photo
2. Copy of Birth Certificate
3. Copy of Latest Report Card
4. Parent/Player Code of Conduct Sheet signed by player and parent/guardian
5. Player Insurance & Medical Information Sheet
6. Current SWFYFL Physical

Release of Liability and Assumption of Risk Agreement - Parents/Guardians Please Read and Sign:

I understand that participation in the 2019 Southwest Florida Youth Football League ("the League") involves certain risks, including, but not limited to, serious injury and death. My child is voluntarily participating in the League. I understand the danger involved and agree to accept all risks of my child's participation. I hereby release the Momentum Sports Inc. ("the Company"), related sponsors, and its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates, from any and all liability from property damage, personal injuries or other claims arising from or in connections with my child's participation in the League including claims that are known and unknown, foreseen and unforeseen, future or contingent. I hereby give permission to the Company or any person designated by it or any Released Party, to select appropriate medical personnel to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including hospitalization, ordering x-rays or routine tests, and to arrange necessary related transportation for my child. I agree to the release of any records necessary for insurance purposes. I do hereby, for myself, my heirs, administrators, executors, guardians, assigns, representatives, and next of kin, forever waive, release, discharge, and covenant not to sue the Company, and its sub-contractors (collectively the Company agents) from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my child's participation in the Event and caused by the ordinary negligence of the Company, wherever, whenever, or however the same may occur. I understand and agree that the Company and the Company agents are not responsible for an injury or property damage arising out of the Event, including, without limitation, the use of transportation services to and from the Event, even if caused by their ordinary negligence.

I hereby grant, release, and quitclaim to Company and Company agents the right and authority to use, sell, reproduce, and distribute, quoted material, biographical information, my child's photograph, email address, home address, likeness, recorded voice or videotaped filmed appearances ("the Materials") for promotional and advertising purposes or programs as Company in its sole discretion will deem appropriate free of charge in any manner and for any purpose in any media now known or hereafter developed. All photographs, resumes or other submissions taken by or given to the Company shall be the property of the Company.

This is to certify that I (please print name) as parent/guardian with legal responsibility for (please print name) I have read, understand, consent and agree to the above Release of Liability and Assumption of Risk Agreement. Once signed, this agreement will bind my spouse, children, my legal representatives, heirs, successors, assigns and me. I fully understand its terms and understand that I am giving up substantial rights by signing it. I sign this Release freely and voluntarily, without any inducement or coercion. I indemnify and hold harmless the Company and Company agents with respect to any and all injury, disability, death, loss or damage to person or property, whether arising from the negligence of any or all of the Released Parties or otherwise, to the fullest extent permitted by law.

SIGNATURE: DATE:



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Player Insurance & Medical Information Sheet

EACH PARTICIPANT IS REQUIRED TO BE COVERED BY MEDICAL/HOSPITAL INSURANCE

Participant Name: _____

Insured Name: _____

Relationship to Participant: _____

Insured Address: _____

Insurance Company Carrier or Plan Name Group Number: _____

Insurance ID Number: _____

PARTICIPANT HEALTH HISTORY

ALLERGIES:

Medication _____

Food _____

Other _____

MEDICATIONS TAKEN:

Prescription: _____

Please Include Dosage and Times Taken

Non Prescription: _____

Please Include Dosage and Times Taken

DIETARY RESTRICTIONS: _____

TO BE SIGNED BY PARENT OR GUARDIAN

I certify that the above information is complete and accurate to the best of my knowledge.

PARENT/GUARDIAN NAME (Please Print): _____

SIGNATURE: _____ **DATE:** _____



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Parent/Player Code of Conduct Sheet

For Players:

I pledge the following:

1. I will demonstrate good sportsmanship regardless of the score.
2. I will show respect to all game officials, coaches, players, and parents.
3. I will not argue with or question decisions made by the on-field game officials.
4. I will not use drugs, tobacco or alcohol at any practice or game and will remind others on my team not to do so.
5. I will shake hands with the other team at the conclusion of all games.
6. I will shake hands with the officials at the conclusion of all games.
7. I will not use social media as a means to air complaints regarding any game or event sponsored by SWFYFL.

I understand that I can be suspended from the game and/or tournament play for violation of this Player Code of Conduct. Social Media misconduct can result in fines and extreme violations could result in expulsion.

PLAYER SIGNATURE: _____ **DATE:** _____

For Parents:

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, carding, and good citizenship. I therefore agree:

1. I will remember that children participate to have fun and that the game is for youth, not adults.
2. I will learn the rules of the game and the policies of the league.
3. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy.
4. I (and my guests) will demonstrate positive support for all players, coaches, officials and spectators at every game.
5. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent.
6. I (and my guests) will not engage in tactics such as booing or taunting.
7. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
8. I will demand that my child treat other players, coaches, officials and spectators with respect.
9. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
10. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
11. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
12. I will respect the officials, game administrators and their authority before, during and after games.
13. I will never questions, discuss, or confront coaches at the game – either during or after the game.
14. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
15. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
16. I will not use social media as a means to air complaints regarding any game or event sponsored by SWFYFL.

I also agree that if I fail to abide by the aforementioned rules and guidelines at practices, games & SWFYFL Tournament Hotel sites, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by game official, head coach, and/or head of league organization
- Parental game or season or tournament suspension
- Game Unsportsmanlike Conduct penalty assessed against team Social Media misconduct can result in fines and extreme violations could result in expulsion.
- Team game forfeit through the official or coach
- Social Media misconduct can result in fines and extreme violations could result in expulsion.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____