Northglenn Youth Football Association Registration

PARENTS MUST COMPLETE. PLEASE READ CAREFULLY. THIS IS A BINDING CONTRACT WITH NYFA.

PLAYER NAME	AGE AS OF MAY 31	ROOKIE VETERAN	WEIGHT #1	#2
ADDRESS	CITY	ZIP	PHONE	
TEAM LAST YEAR	BIRTHDATE		DATE	

EMERGENCY CONTACT	❑ Birth Certificate	Helmet size
EMERGENCY PHONE #	❑ Proof of insurance	Weight
I received and I agree to abide by all rules of the NYFA, Inc. _____ *(Initials)*	❑ Physical	I have checked out from the Northglenn Youth Football Association, Inc., the above equipment for use in its youth football program. BOARD MEMBER
		AMT. PD. CK#

In addition to the league fee, there is a $11.00 per player fee charged by the City of Northglenn.

Each player will be REQUIRED to participate in the MANDATORY league fund raiser or make a $50 donation at the time of registration. If the fund raiser is chosen, it is MANDATORY that each player MUST sell the determined amount. NO EXCEPTIONS! Mandatory Fundraiser ❑ or $50.00 donation ❑ Initial____

RECEIPT NOT VALID UNTIL MARKED PAID BY A BOARD MEMBER. NO REFUNDS WILL BE GIVEN.

WAIVER AND RELEASE

I, parent or guardian of the below named Participant, for myself and Participant, make this Waiver and Release as a binding legal agreement in consideration for Participant's enrollment in the Northglenn Youth Football Association, Inc. ("NYFA") program and related activities. I understand that these activities contain an element of hazard or risk since the football program involves a rigorous contact sport, travel to and from games, physical training, and the like. I recognize the inherent danger involved and take full responsibility for Participant's actions and physical condition. I agree to indemnify, defend and hold NYFA and any cooperating entities, their agents, employees, independent contractors, representatives, as well as other Participants, coaches, officials, board members, sponsors, the City of Northglenn, and other parents or guardians harmless from and in respect of any liability, loss, cost or expense, including attorney fees and emergency health care costs, which may result from participation in said program and related activities, including but not limited to the State Championship Tournament. I further waive and release the aforesaid parties, on behalf of myself and Participant, from any claim for damages or injuries which may be suffered by Participant or myself as a result of participation in the football program and related activities, including but not limited to the State Championship Tournament. In the event of an emergency, I authorize NYFA to take all reasonable and necessary first aid steps and seek emergency health professional assistance for Participant including, without limitation, onsite first aid, ambulance services, doctor and nurse care and hospital admission. I represent to NYFA that I know of no mental or physical condition or injury which would preclude or hinder Participant's full participation in the football program and related activities or which would be relevant in the event emergency medical health care must be provided to Participant which has not been disclosed to NYFA in writing along with this registration form.

I understand that NYFA does not automatically provide Participants with any form of medical insurance or similar coverage and that Participants must make arrangements for their own insurance coverage and show proof thereof at time of registration, otherwise Participant will be accepted to registration, but will not be allowed to participate in any related activitys. NYFA may, but shall not be required to, make available optional medical insurance coverage upon terms and conditions and through such carriers as NYFA may from time to time make available. Any such insurance is a contract between the insurance carrier and Participant and/or Participant's parent or guardian, and not NYFA.

By signing below, I acknowledge that I have read and understood the foregoing and voluntarily agree to this waiver and release.

Parents or Legal Guardians will be held personally and financially liable for all equipment that has been checked out. A charge of $200.00 will be assessed for failure to return equipment by the last game or within five (5) days of the last practice or game played by any player leaving NYFA, Inc. of the season, including but not limited to the State Championship Tournament. Upon returning equipment it will be necessary to obtain a receipt to verify equipment returned.

I further acknowledge that the Banquet/Award ceremony is not included in registration and will cost $11.00 minimum per person. The cost will cover the meal expenses as well as the cost for each players trophy. Also not included in registration is team helmet decals.

_____

PARENT/GUARDIAN #1 **PHONE #**

Visit us online at www.nyfa.net or call 303-451-8668

_____

PARENT/GUARDIAN #2 **PHONE #**

Email Address _____

CELL# **WORK #**