



**Glen Lea Metropolitan
Youth Football Association**
P. O. Box 253—Highland Springs, VA 23075
www.glenleamyfl.org
"Home of the Champions"

**2010
Registration Record
&
Code of Ethics Form**

REGISTRATION FEES		FOR LEAGUE USE ONLY
FOOTBALL PARTICIPANTS - \$125.00 <i>Fees include:</i> Rental of game jersey, game pants, 7-pc. pad set, & shoulder pads [except Flag]; All participants receive game socks and a mouthpiece Flag participants will receive skull caps Helmets are not included and must be purchased separately	RETURNING CHEERLEADERS \$185.00 <i>Fees include:</i> Rental of cheering uniform, tennis shoes, socks, lollies, polo, sweatshirt and cheering bag and accessories	<input type="checkbox"/> FOOTBALL <input type="checkbox"/> CHEERING <input type="checkbox"/> NEW <input type="checkbox"/> RETURNING <input type="checkbox"/> DMV ID OR BIRTH CERTIFICATE <input type="checkbox"/> CODE OF ETHICS <input type="checkbox"/> PICTURE FEES PAID \$ _____ CHECK # _____ RECEIPT # _____ WAIT LIST # _____ BD. MEMBER INIT. _____
Registration fees include league fees, insurance, officials, etc. Rental items are to be returned at the end of season FEES ARE NON-REFUNDABLE		

Activity child will be participating - FOOTBALL CHEERLEADING

DIVISION: Flag; - JV Pee Wee; - Pee Wee; - JV Midget; - Midget; - Junior

FOOTBALL - Age as of **September 30, 2010** will determine division placement; Weight limits may apply, Athletic Director will make final determination
 CHEERLEADING - Age as of **July 31, 2010** will determine division placement; Cheering Director will make final determination

PARTICIPANT INFORMATION

Football participant's age as of September 30, 2010 _____
 Cheering participant's age as of July 31, 2010 _____ Date of Birth (mm/dd/yyyy) _____
 Last Name: _____ First Name: _____ M.I.: _____
 Name preferred: _____ Weight: _____ **(FOOTBALL PARTICIPANTS ONLY)**
 Home Address: _____
 City, State: _____ Zip Code: _____ County of Residence: _____
 School will be attending in Fall 2010: _____
 Was your child rostered with GLMYFA Football/Cheering in 2009? YES Division: _____ NO
 Has your child ever participated in **organized** youth football? YES NO
 If yes, name of organization & when: _____

PARENT/GUARDIAN INFORMATION

Mother: _____ Phone: (H) _____
 (W) _____ (C) _____ Email Address: _____
 Father: _____ Phone: (H) _____
 (W) _____ (C) _____ Email Address: _____
 Best Contact: _____

EMERGENCY CONTACT: (Person other than listed above)
 _____ Relationship: _____
 Phone: _____

MEDICAL INFORMATION

Indicate medical condition or medication that GLMYFA & its coaches need to be aware of:

List any allergies: _____

Hospital preference: _____

In case of emergency, when we cannot be reached, GLMYFA has our permission to take our child to the nearest hospital emergency room and obtain medical attention that is deemed necessary for the well-being of our child.

PARENT/GUARDIAN ACKNOWLEDGEMENTS & RELEASES

Please read the following items carefully:

1. I understand that registration fees are **non-refundable**.
2. I do hereby consent for this child to participate in all activities of the Glen Lea Metropolitan Youth Football Association.
3. To the best of my knowledge, the enrolled participant is in good physical and emotional health.
4. I assume all risks incidental to such participation, including transportation to and from such activities. I hereby, waive, release, absolve, indemnify, and hold harmless the *GLMYFA*, its organizers, sponsors, supervisors, coaches, participants, and any other persons who transport our child to and from activities for any claim or cause, whether the result of negligence or for any other cause except to the extent and in the amount covered by accidental or liability insurance.
5. I understand that I am responsible for picking up my child from all activities, games and practices on time.
6. **I agree to return all uniforms and equipment issued by GLMYFA to my child in as good condition as when received.** If not returned, I agree to pay replacement costs for the uniform as determined by the Glen Lea Metropolitan Youth Football Association.
7. **A returned check fee of \$25.00 will be charged for all checks returned for insufficient funds. Failure to remit fees, payments or money owed will result in GLMYFA pursuing other collection procedures including legal action.**
8. **It is understood that there is no guarantee of equal playing time. Under the Metro Constitution each player will have a minimum of two (2) plays (excluding special teams).**
9. I understand that I must provide an original birth certificate for my child if he was not rostered at GLMYFA in 2009.
10. Birth Certificates will be available for return **after** Roster Night is completed by MYFL.
11. **I further understand that concession work is required of me. If I do not fulfill this duty my child will not be allowed to participate.**
12. Glen Lea MYFA will periodically displayed pictures of the football players and cheerleaders on the official Glen Lea web site. Please check the appropriate statement:
 - I **will** allow my child's picture to be displayed with no reference to my child's name.
 - I **will not** allow my child's picture to be displayed.

Your signature below indicates you have read, understand and will abide by all information as stated above.

Parent or Guardian Signature _____ Date _____

METROPOLITAN YOUTH FOOTBALL LEAGUE RULES & REGULATIONS

1. PARTICIPANT ELIGIBILITY AND CODE OF ETHICS FORM

Please attach current photograph of participant only. Photographs are non-returnable.

The Metropolitan Youth Football League exists to promote the mental and physical development of youth in such a way as to develop high character and moral standards, a sense of competitiveness and fair play, respect for authority, help of your fellow man, and LOVE of God, family and country.

To foster these ideals, you agree to abide by this Constitution, by-laws and all other rules and regulations of the League and to exhibit honesty, fair play, and respect for participants, officials, coaches, and spectators regardless of race, sex, creed or ability.

Has the child registered with a MYFL member association prior to this year?

YES [] Association: _____ Division: _____
NO []

Have you registered this year with an association other than the one, which you are now registering?

I understand that I may register with only one MYFL association for a particular season.

YES [] Association: _____
NO []

I understand that I/my child may not play school football other than tryouts during the school year, unless league approval is granted.

*See Article 12, Section 6.1 of the MYFL Constitution

2. ZERO TOLERANCE POLICY

Any player, coach, assistant coach or parent/guardian who shows the following behavior: Fighting, Abusive Language, Confrontational with an Official or Metro Rep, throwing his/her helmet and any unsportsmanlike conduct—will be promptly removed from the league With this Zero (0) Tolerance policy there is no appeal.

*Addendum 11 of the MYFL Constitution

3. ADDENDUM #9

(Applicable to Varsity and Junior Varsity Midget level football players ONLY)

It is understood that I/my child may not play school football while playing for an MYFL Member Association Midget level team. I understand that I/my child may try out for this school team but must declare his/her intentions no later than 5:00 pm on the day preceding the second scheduled varsity football game. School cut and/or school rostering dates will not apply.

I further understand that if I/my child is found to be in violation of this rule that my MYFL team will be subject to the following: Forfeiture of all games affected, forfeiture of any post season play and a fine of \$100.00 will be imposed on the Association for each game affected.

Print Participants Name: _____ Age _____

Birth date: _____ Varsity or Junior Varsity (circle one)

Both, participant's & parent/guardian, signatures below indicate agreement to abide with the above and to aid the League in the enforcement of the Code of Ethics, Zero Tolerance Policy and Addendum #9 (if applicable) by reporting violators in writing to:

Tommy Manley, Commissioner, MYFL / P. O. box 8472, Richmond, VA 23226

This form must be signed by all indicated below and retained by your association with the master registration list for confirmation by the MYFL on roster night in order that the participant to be considered a duly registered member of the MYFL and the GLMYFA

Participant's Signature _____ Date _____

Parent or Guardian Signature _____ Date _____