

**2010 CAMBRIAN VALLEY LONGHORNS FOOTBALL & CHEER
REGISTRATION FORM**

(Please Print)

Cambrian Valley Youth Football & Cheer 1582 Branham Lane, #106 San Jose, California 95118 www.cvyf.org				Registration Fees: <ul style="list-style-type: none"> • Early Registration - \$250, Jan 1 through March 31 • Open Registration - \$290, April 1 through July1 • Sibling Discount - \$25.00 discount each additional child from same family 			
Payment of Check or Money Order made payable to "CVYF" (WE WILL ACCEPT CASH IN PERSON ONLY—DO NOT MAIL CASH)							
PARTICIPANT INFORMATION							
PLAYER 1:				Is this your legal name?		If not, what is your legal name?	
Last Name:		First Name:		Middle Name:		Yes No	
Date of Birth	Age as of 8/1/2010	Gender: Male Female	Team: Football Cheer	Weight	Division Played in 2009		
			TM MM JP PW JM MD				
Street Address:			City:	Zip:	School:		
PLAYER 2:				Is this your legal name?		If not, what is your legal name?	
Last Name:		First Name:		Middle Name:		Yes No	
Date of Birth	Age as of 8/1/2010	Gender: Male Female	Team: Football Cheer	Weight	Division Played in 2009		
			TM MM JP PW JM MD				
Street Address:			City:	Zip:	School:		
PARENT/GUARDIAN INFORMATION							
Parent/Guardian 1:				Relationship:		Primary Guardian:	
Last Name:		First Name:		Father Other Mother		Yes No	
Street address:			City:	State:	Zip:		
Home Phone no.:			Mobile Phone no.:	Email Address:			
Employer:			Occupation:			Employer Phone no.:	
Parent/Guardian 2:				Relationship:		Primary Guardian:	
Last Name:		First Name:		Father Other Mother		Yes No	
Street address:			City:	State:	Zip:		
Home Phone no.:			Mobile Phone no.:	Email Address:			
Employer:			Occupation:			Employer Phone no.:	

IN CASE OF EMERGENCY

Emergency Contact:		Relationship:	Phone no.:
Doctor:	Phone no.:	Medical Insurance:	Policy no.:
			Group no.:

PERMISSION TO PARTICIPATE: I, as Parent/Guardian of the above named Participant(s), hereby give permission for Participant(s) to participate in any and all of the activities sponsored by Cambrian Valley Youth Football & Cheer ("CVYF"), Pop Warner national, regional, league/conference, association and team/squad including but not limited to its organizers, supervisors, leaders, participants, officials, coaches and agents or representatives; including transportation to and from activities by a licensed driver with proof of insurance for the 2010 season. I assume all risks and hazards incidental to such participation and do hereby waive release, absolve, indemnify and agree to hold harmless the City of San Jose, San Jose Unified School District, CVYF, Peninsula Pop Warner Association, league sponsors, supervisors, participants, volunteers and persons transporting said Participant(s) to and from activities from any and all claims arising out of injury to Participant(s).

EMERGENCY MEDICAL AUTHORIZATION: I, as Parent/Guardian of the above named Participant(s), hereby authorize CVYF to obtain all required medical/dental treatment for said Participant(s) in the event of illness/injury occurring from participation in CVYF activities. Authority is granted to a qualified physician to render such medical treatment, as said physician deems necessary under the circumstances.

EQUIPMENT LIABILITY: I, as Parent/Guardian of the above named Participant(s), do hereby assume full and complete responsibility for the proper care and maintenance of all equipment/uniforms issued by CVYF and agree to promptly return, upon request, the uniform and other equipment issued to said Participant(s) in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for the replacement cost of such equipment/uniform. I understand all equipment remains the property of CVYF and is to be used for CVYF activities.

PHOTOS: I, as Parent/Guardian of the above named Participant(s), hereby grant permission for CVYF to use photos of said Participant(s) on the website and/or for other advertising purposes.

FUNDRAISING: I, as Parent/Guardian of the above named Participant(s), understand that CVYF is a non-profit, local level Pop Warner organization administered solely by parent volunteers and I hereby agree to actively participate in any and all CVYF fundraiser events on behalf of said Participant(s).

REFUND POLICY: A refund will be granted ONLY upon injuries that disable an athlete from participating in a registered activity before that activity begins (a \$75.00 processing fee will be withheld). A doctor's note must be submitted with a written request from the Parent/Guardian. No other refunds will be granted. Our "NO REFUND POLICY" is to protect the integrity and success of the organization, as cancellations effect everyone involved. Moreover, fluctuating numbers lead to the cancellation of association events (games, competitions, etc.) and can even cause a team to fold.

By my signature below, I hereby stipulate that I have read and fully understand all of the above and hereby authorize emergency medical treatment for the above named Participant(s) and consent to the Equipment Liability, Photos, Fundraising & Refund policies.

Date: _____

Parent/Guardian Signature_____
Parent/Guardian Name (Print)**ITEMS TO BE PROVIDED TO YOUR COACH/TEAM PARENT ON OR BEFORE JULY 1, 2010:**

1. Any outstanding fees
2. A current 2x3 photo. (NO hat or dark glasses. NO Polaroid's.)
3. COPY of birth certificate or passport. (Required only for new participants to the league)
4. A completed Medical Exam form dated on or after Jan. 1, 2010
5. 2 COPIES of report card for ALL academic grading periods during the 2009-2010 school year

EQUIPMENT WILL NOT BE ISSUED UNTIL ALL PAPERWORK AND FEES HAVE BEEN RECEIVED.**FOR CVYF USE ONLY:**

Total Amount Due \$ _____ Amount Received \$ _____ Cash OR Check/Check # _____
Balance Owed \$ _____

Date Received _____ Received By (print name) _____

Preliminary Team: Football Cheer TM MM JP PW JM MD Notes: