

2012 CAMBRIAN VALLEY LONGHORNS FOOTBALL & CHEER FOOTBALL & CHEER REGISTRATION FORM

(Please Print)

Cambrian Valley Youth Football & Cheer 1582 Branham Lane, #106 San Jose, California 95118 www.cvyf.org				Registration Fee: <ul style="list-style-type: none"> Returning Families Only - \$300 through 01/31/2012 Open Registration 02/01/2012 – 05/31/2012 - \$350 Late Registration 06/01/2012 – 07/31/2012 - \$385 \$25.00 discount for 2nd child from same family NOTE: Cheer uniform/gear fees NOT included in registration fees. 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 8/1/2012	Gender: Male Female	Team: Football Cheer	Weight	Division Played in 2011		
			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 8/1/2012	Gender: Male Female	Team: Football Cheer	Weight	Division Played in 2011		
			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		Yes No	
				Mother			
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		Yes No	
				Mother			
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 2012 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, the San Jose Unified School District, Campbell/Union 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/VOLUNTEERING REQUIREMENT: 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. I hereby agree to actively participate in CVYF's annual fundraiser event on behalf of said Participant(s). I further agree to provide at least seven (7) hours of adult volunteering at coordinated CVL or Pop Warner events prior to or during the 2012 season. I further understand that if I fail to provide the required volunteer hours, and if I fail to participate in the 2012 CVYF Fundraiser, my child may be removed from the program with no refunds provided for any reason.

REFUND POLICY: A refund will be granted ONLY upon injuries that disable an athlete from participating in registered activity before event begins (a \$75.00 processing fee will be withheld). A Doctor's note must be submitted with a written request from 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.

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, Volunteering & Refund policies.

Date: _____

Parent/Guardian Signature

Parent/Guardian Name (Print)

ITEMS TO BE PROVIDED TO YOUR COACH/TEAM PARENT ON OR BEFORE JULY 1, 2012:

1. Any outstanding fees
2. A current 2x3 photo. (NO hat or dark glasses. NO Polaroids.)
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, 2012
5. 2 COPIES of report card for ALL academic grading periods during the 2011-2012 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:		