



Pirate Youth Football League 2011 Registration Information

2011 Registration Football & Cheerleading

Date:
Saturday, May 14th

Time:
8:00 am - 11:00 am

Location:
Santa Ynez Elementary
School - 3525 Pine St
Santa Ynez, CA

(Back of school, playground
area by Pony Baseball
Fields)

**You must have all forms
completed and required
copies attached at time of
registration.**

Pirate YFL
PO Box 474
Buellton, CA 93427

pirateyfl@verizon.net

Go Pirates!

2011 Pirate YFL - Cheerleading

All cheerleading registrations are honored by the "first come first serve" basis. Participants must turn five (5) and be no older than fourteen (14) to qualify for the Pirate youth cheerleading program. Participants will be placed into one of four divisions (Bantam, J1, J2 or Senior) based on their age and grade in school. Prior dance or cheer experience is not needed to register. Participants must provide the following

at the time of registration on May 14th: Registration Form, Current Picture and Registration Fee in the amount of \$165 payable to Pirate YFL.

It is our intention to have four to six squads equivalent to the divisions and teams with youth football, however the Board reserves the option to combine divisions and/or increase team size depending on the



final registrations received.
*Medical releases are due by the
1st day of practice. *

2011 Pirate YFL - Football



Pirate YFL is a full contact football league and is part of the TVYFC (Tri Valley Youth Football Conference).

All registrations are honored by the "first come first serve" basis. A player must turn eight (8) by 12/01/11 to qualify for the Bantam team and must not turn fifteen (15) before 12/01/11 to qualify for the Senior team. Players will be placed in one of four divisions (Bantam, J1, J2, Senior) based on their age, weight, height and grade in school. The following is needed to complete your registration on May 14th:

Registration form with 2x2 player picture attached, copy of birth certificate attached and copy of current 2010 report card attached. Signed Code of Conduct & Registration Fee. Players must have height measured and weight

taken at time of registration. 2011 registration fee in cash or Check payable to Pirate YFL in the amount of \$225.00

Note - returning 2010 players do not need to bring a copy of their birth certificate, we have one on file. All new and previous to 2010 players must bring a copy of their birth certificate. The current year report card must show players name, school and grade level. All copies stay on file with YFL for certification.

Those who come after 11:00 am on the 14th will need to make arrangements to complete their registration via mail and certify with one of our Board members. Each player will receive a registration number. If / when a team reaches 30 players, subsequent registrations will be put on a waiting list and issued a corresponding number.

* Medical release signed by Doctor confirming player is able to participate in full contact football is required before the 1st day of practice in August. Players without a release are not allowed to participate. *

2011 Pirate YFL Football Camp information and registration forms are available online.

Welcome to the 2011 Pirate YFL Cheerleading Registration

Please download this package, print and complete all forms for the participant. All paperwork must be brought with you to the registration on May 14th. A check list of everything you'll need that morning is included below. Registration is honored by a "first come first serve" basis. Each participant will receive a registration number and be assigned a squad to practice with in August. If / when a squad reaches 15 participants, subsequent registrations will be put on a waiting list and issued a corresponding number. It is our intention to have four (4) squads equivalent to the divisions with youth football, however the Board reserves the option to combine divisions and/or increase team size depending on the final amount of registrations received.

Pirate YFL Cheerleading Registration Information:

Date	Saturday, May 14th
Time	8:00 am – 11:00 am
Location	SY Elementary School – by the Pony Baseball Field area

Required at May 14th Registration:

All of the below required forms and copies will stay on file with YFL:

- 2011 Registration Form**
- Participant Code of Conduct & Requirements Form**
- Current Picture – 2x2 in size**
- Check payable to Pirate YFL in the amount of \$165.00**

Required *no later than* the first day of practice (August 1st, 2011):

- Medical Release**

Note: Those who do not have a medical release turned in by the start of practice on August 1st will not be allowed to participate.

Pirate Youth Football League SYV - 2011 Cheerleading Registration

Participants Information:

Participant's Name

Parent / Legal Guardian Name(s)

Mailing Address

Home Phone

Cell Phone

Email address (provided to coaches and Board for updates and messages during season)

In Case of Emergency Notify (Name, Relationship, Phone other than parent / legal guardian)

Current medication(s) if any and/or medical conditions pertinent to youth cheerleading.

Attach Current
Picture
of Participant Here

Terms of Participation & Authorization to Consent to Treatment of a Minor:

I (we) the undersigned, parent(s) / guardian person having legal guardian of the player named above, a minor, do hereby authorize Pirate Youth Football League SYV as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general care of special supervision of, any physician and surgeon licensed under the provision of the Medicine Practice Act on the medical Staff of any Hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is give in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority to the power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. I (we) hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provision of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my/our above named agents(s) upon the completion of treatment. This authorization is give pursuant to Section 1283 of the health and Safety Code of California. This authorization shall remain effective until December 31st of this year unless sooner revoked in writing delivered to said agent(s). I (we) assume all risks and hazard incidental to such participation including transportation to and from such activities; and I (we) do hereby waive, release, absolve, indemnify and agree to hold harmless the local team, the respective League and Conference and any other organization that this Youth Football league is affiliated with, the organizers, directors, coaches, commissioners, sponsors, supervisors, managers, participants and person transporting my/our child to and from such activities for any claim for injury to my/our child. I (we) understand that there is a "secondary excess coverage", with a deductible amount for each injury incurred, either physical or dental, and that the physical examination give at registration is not a complete examination. We release the Examining Physician from any liability for undiagnosed conditions. I (we) further understand that we are to report to the team coach any injury sustained by my/our child *immediately or within 20 days* of the date of injury. If further information is needed I / we are to obtain this from the team coach. Players must have all registration paperwork and have their registration fee paid in full prior to the first day of conditioning in August to be eligible to participate.

If a participant requests to be removed from the roster, refunds will be given under the below circumstances: Full Refund = Drop / Removal request is received a week prior to (7 calendar days) the first day of practice. Partial Refund (Registration Fee less Insurance Cost) = Drop / Removal request is received prior to the uniform being ordered. No Refund = No refunds issued after cheerleading uniforms have been ordered. I (we) agree to be financially responsible to the League for uniforms and equipment issued to my/our child and not returned at the conclusion of the season. I (we) have read the foregoing release and rules applicable to my/our child and understand it, agree to it and sign this voluntarily. I (we) agree to abide by the rules and regulations of the League and the Conference and respect the code of conduct for all players, families and guests of the League and Conference.

Signature - Parent or Legal Guardian

Printed Name - Parent or Legal Guardian

Date

Pirate Youth Football League Use Only – Please do not write below this line

Required from participant – Received Yes or No:

Picture / Code of Conduct / Medical Release / Registration Fee

Registration #: _____

Pirate Youth Football League SYV Cheerleading Code of Conduct & Requirements

PHYSICAL REQUIREMENTS:

No member shall be allowed to participate in activities in any capacity if s/he has not attained and does not maintain a sound physical condition. The attainment of a sound physical condition should be attested to by a duly qualified physician. No member is permitted to enter into any type of physical training without first obtaining "health certification" from said physician. Participants who do not have a medical release turned in by the start of practice on August 2nd will not be allowed to take part in any of the activities.

TEAM / SQUAD ASSIGNMENT:

Participants will be assigned a squad to practice with at the time of registration. If / when a squad reaches 15 participants, subsequent registrations will be put on a waiting list and issued a corresponding number. It is our intention to have four (4) squads equivalent to the divisions with youth football, however the Board reserves the option to combine divisions and/or increase team size depending on the final amount of registrations received.

SCHOLASTIC REQUIREMENTS:

- A. Every participant shall be encouraged to maintain a sound scholastic record (C average or better). A Chapter may be stricter than the TVYFC rules, but not more lenient. If a Chapter chooses to require that a "C" average be maintained by their participants, they may do so without permission from the TVYFC. Participants MUST be full time students, in good standing (i.e., public school, private school, continuation school or home school (with verification if needed). No drop outs will be permitted to remain in TVYFC.
- B. SUSPENSIONS: If a participant is suspended from school, it will be a chapter decision as to what course of action and/or punishment should be levied. It is highly recommended that a participant be suspended from all practice and play during his/her suspension. Suspension from practice and/or games shall not exceed suspension time from school, unless followed by immediate expulsion from school.
- C. EXPULSION: A participant may not take part in TVYFC activities while expelled from school. Participant may return to TVYFC when re-enrolled in same school or another school program. All expulsions MUST BE reported to the TVYFC President and/or Athletic Director within two weeks of expulsion.

PARTICIPANT CONDUCT:

If a participant is ejected from a game by the CIF Officials for any reason, the Game Field Commissioner and TVYFC Athletic Director must be notified. The participant in question will not be allowed to take part in cheer practices the entire week following and may not cheer in the next game. If s/he is ejected from another game s/he will be suspended from the TVYFC for the rest of the season. The same rule applies to all cheerleading coaches.

Any participant using profane language while communicating with an adult involved with the TVYFC or Team OR Game Official shall be suspended from taking part in the current game (if not yet played) or the following week's activities, including the next game, unless the problem is solved at a Chapter and/or Chapters level. The second time this infraction occurs, the participant WILL be suspended from TVYFC for the remainder of the current season.

REFUNDS:

Participants must have all registration paperwork and have their registration fee paid in full prior to the first day of practice in August to be able to take part in cheerleading activities. If a participant requests to be removed from the roster refunds will be given under the below circumstances:

1. **Full Refund** = Drop / Removal request is received a week prior to (7 calendar days) the first day of practice.
2. **Partial Refund** (Registration Fee less Insurance Cost) = Drop / Removal request is received prior to the uniform being ordered.
3. **No Refund** = No refunds issued after cheerleading uniforms have been ordered.

I, _____, representing _____ have
(Print name of Parent or Legal Guardian) (Print Participant's Name)

read the above information and agree to abide by the Pirate Youth Football League's Code of Conduct.

Parent or Legal Guardian Signature

Date

Participant Signature

Date

All participants must be screened and cleared by a medical doctor before he/she may begin practice. Participants may be screened by their own physician or pediatrician.

Participants Name	Date of Birth	Height	Weight
Address	City	State / Zip	

List all childhood illnesses, both past and ongoing:

List all operations and hospitalization dates:

Has participant ever had a concussion or other head injury?	Yes	No
Has participant experienced headaches or other head pains following a trauma related injury?	Yes	No
Has participant ever broken, sprained or seriously twisted a joint or limb?	Yes	No

Has participant ever had (circle all that apply):

- | | | |
|-----------------------------|---------------------------|--------------------------------|
| Anemia | Genital pain | Nausea (recurring) |
| Arm Pain | Gum problems | Neck pain |
| Asthma | Headaches (chronic) | Nose breathing difficulty |
| Breath shortness | Hearing loss | Nose bleeds |
| Cancer | Heart beat (irregular) | Painful urination |
| Chest pains | Heartburn (recurring) | Pneumonia |
| Childhood R.A. | Hernia | Rheumatic fever |
| Chronic cough | Hypoglycemia | Skin problems |
| Constipation | Incontinence | Sore throats (frequent) |
| Dental problems | Irritability before meals | speech difficulty |
| Depression | Lack of coordination | Spitting up phlegm |
| Diabetes | Leg pain | Spitting up blood |
| Diarrhea (recurring) | Light headed before meals | Stomach pain (recurring) |
| Dizziness / Lightheadedness | Liver problems | Tingling of hands or feet |
| Ear noises | Low blood pressure | Tuberculosis |
| Ear pain | Lower back pain | Vision problems |
| Epilepsy | Memory loss | Vomiting |
| Fainting | Mood swings | Weight loss or gain (dramatic) |

Please briefly explain any circled items on page one (1):

Is there a family history of health problems (parents, grandparents, brothers or sisters)? If yes, please explain:

Parent / Guardian Release:

I am the parent or legal guardian of the child listed on this Health Screening form. I have no knowledge of any condition or impairment that would prevent my child's participation in a youth tackle football program or a cheerleading program.

Name of Parent or Legal Guardian - Please Print

Signature of Parent or Legal Guardian

Below must be completed by the Physician:

Doctor's Release

Based on my examination and the information provided as part of this Health Screening:

_____ I release this child to participate in a youth tackle football program or cheerleading program

_____ I do NOT release this child to participate in a youth tackle football program or cheerleading program, and refer this child for further consultation with his or her family physician or other specialist.

Examining Physician's Name - Please Print

Examining Physician's Signature

Date of Exam