

HILL CITY YOUTH FOOTBALL AND CHEERLEADING ASSOCIATION

A 501(c)3 Non-Profit Organization

P.O. Box 11214 • Lynchburg, Virginia 24506-1214 • www.hcyfc.com

2016 REGISTRATION FORM – Part 1

FOOTBALL	CHEERLEADING	CAMP	TOURNAMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5-6	7-8	9-10	11-12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New players will be required to provide proof of age. Valid proof includes ONLY the following: Official Birth Certificate with Seal, Birth Registration Cards, Medallion (Medicaid) Cards, School records signed by a school official

TEAM SELECTIONS (IF APPLICABLE)

HERITAGE PIONEERS <input type="checkbox"/>	LYNCHBURG TIGERS <input type="checkbox"/>	PERRYMONT PANTHERS <input type="checkbox"/>
RIVERMONT RAIDERS <input type="checkbox"/>	RS PAYNE DRAGONS <input type="checkbox"/>	TIMBERLAKE LIONS <input type="checkbox"/>
BASS BULLDOGS <input type="checkbox"/>		
<i>**PLEASE PROVIDE A SECOND CHOICE OPTION IF THE ELECTED TEAM IS FULL.</i>		

PARTICIPANT INFORMATION

NAME:	AGE:	BIRTH DATE: / /
RETURNING PLAYER <input type="checkbox"/> IF YES, TEAM:	IS YOUR CHILD A SIBLING OF ANOTHER HCYFC PARTICIPANT? <input type="checkbox"/> Y <input type="checkbox"/> N	
IF YES, HCYFC SIBLING NAME:		

GUARDIAN INFORMATION

PARENT/LEGAL GUARDIAN:	PHONE:
ADDRESS:	
EMAIL ADDRESS:	

MEDICAL INFORMATION

PRIMARY PHYSICIAN:	PHONE:		
MAJOR ILLNESSES:			
MEDICATIONS:			
CURRENT WEIGHT:	BRACES/ RETAINERS: <input type="checkbox"/> Y <input type="checkbox"/> N	CONTACT LENSES: <input type="checkbox"/> Y <input type="checkbox"/> N	PHYSICAL IN LAST 6 MONTHS: <input type="checkbox"/> Y <input type="checkbox"/> N

HILL CITY YOUTH FOOTBALL AND CHEERLEADING ASSOCIATION

A 501(c)3 Non-Profit Organization

P.O. Box 11214 • Lynchburg, Virginia 24506-1214 • www.hcyfc.com

2016 REGISTRATION FORM – Part 2

INSURANCE INFORMATION

INSURANCE CARRIER:	POLICY/MEMBER ID:
--------------------	-------------------

EMERGENCY CONTACT

NAME:	PHONE:
NAME:	PHONE:

EQUIPMENT/UNIFORM RENTAL: A \$50 rental fee has been assessed and added to my registration. This fee will cover the use of equipment during the season for all HCYFCA Sanctioned events. If this equipment is not returned I will be responsible for the full replacement cost of the equipment.

PARTICIPATION: As a HCYFCA Parent I agree to commit a minimum of **8 volunteer hours** each season.

ADMINISTRATION FEES: A portion of your registration is allocated for referee fees, trophy costs, insurance, The City of Lynchburg faculty costs, marketing/advertising and other operational expenses.

PHOTO RELEASE: I personally and on behalf of any of my children, give my permission to use my and/or my child's name, photographs, videos, quotations and likeness in any advertisement or promotions performed in connection with Hill City Youth Football and Cheerleading association, Inc.'s camps, clinics, practices, games or any other affiliated events, and agree that neither I nor my child shall be entitled to any compensation for such use.

By signing this you confirm that you have provided to the best of your knowledge all pertinent medical information regarding your child's current & previous health status and hereby give your permission for Hill City Youth Football & Cheerleading Association, Inc. to authorize emergency medical services for your child in your absence. You understand that you will be financially responsible for all emergency medical services provided to your child.

By signing this waiver; a) you are giving consent for the above named child to participate in any and all activities during the 2016 Football and Cheerleading season and assuming all risks and hazards of all activities including transport to and from activities, b) providing consent for the release of participant contact information to Lynchburg Parks and Recreation Department for its demographic significance ONLY.

By signing this waiver you hereby waive, release, absolve, indemnify and agree to hold harmless THE CITY OF LYNCHBURG AND ITS EMPLOYEES and HILL CITY YOUTH FOOTBALL & CHEERLEADING ASSOCIATION, ITS BOARD MEMBERS, COACHES STAFF, PARTICIPANTS, SPONSORS AND ANYONE CARRYING OUT THE DUTIES AS A VOLUNTEER OF HCYFCA AND PERSONS TRANSPORTING MY SON/DAUGHTER TO THE EXTENT IN THE AMOUNT COVERED BY THE HCYFCA INSURANCE.

Signature: _____ Date _____

REGISTRATION REFUNDS ARE GIVEN ON A CASE BY CASE BASIS AND WILL NOT BE PROVIDED AFTER THE JAMBOREE.