

# HULL YOUTH FOOTBALL ASSOCIATION

(Each player/ cheerleader needs separate form)

**Before this registration is accepted:**

1. Parents must fill out and sign the Medical Permission Form.
2. Parents and Participant must read and sign Parent's Code of Conduct and Player's Code of Conduct.
3. Please complete one form per **PARTICIPANT**.
4. Fee must be paid in Full. Checks must be made payable to: HYFA.

Football (\$150) \_\_\_\_\_ Cheerleading (\$115) \_\_\_\_\_ (CAP\$300)

**For players/cheerleaders who did not participate last year,  
A copy of your child (ren)'s birth certificate is required at the time of registration.**

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade (as of Sept) \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

**Email address is required**

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

I have received and agree to follow the Hull Youth Football Code of Conduct.

I/We the parent(s) or legal guardian(s) named on this registration form, give my/our permission for my/our child(ren) to participate in any and all HYFA, activities, including transportation to and from these activities.

I/We know that participation in the HYFA Football/Cheerleading may result in injuries and protective equipment does not prevent all injuries to participants, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the HYFA, Assoc. Old Colony Youth Football League, Old Colony Youth Cheerleading Association, organizers, participants, and persons transporting my/our child to and from activities for any claim arising out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request any uniform or other equipment issued to my/our child in as good condition as when received except for normal usage.

Participant's Signature: \_\_\_\_\_

**PARENT VOLUNTEER REQUIREMENTS:**

THIS YEAR HYFA HAS INSTITUTED A REFUNDABLE \$25.00 VOLUNTEER FEE FOR BOTH FOOTBALL AND CHEERLEADER PARENTS/GUARDIANS. PLEASE FILL OUT THE ATTACHED FORM TO INDICATE WHAT AREAS YOU WILL BE ABLE TO ASSIST HYFA. FOR THOSE PARENTS/GUARDIANS THAT VOLUNTEER, THE \$25.00 WILL BE REFUNDED UPON COMPLETION. PLEASE CONTACT BOB DECOSTE AT 781-925-6135 WITH ANY QUESTIONS.

**HYFA use only:**

Payment \_\_\_\_\_ Birth Cert. Rec'd \_\_\_\_\_ Medical Release/Doctor's Note Rec'd \_\_\_\_\_