



Youth Athlete Certification Registration Form

Year		Region	Host Organization Name
First Name		Middle Name	Last Name
Date of Birth	Age on 8/1	Home Phone	Cell Phone
Fall School:		Team/Squad	

Is this child covered by insurance? Yes NO (if not, please check Insurance waiver)

Guardian Name	<input type="checkbox"/> Insurance Waiver: I, the Guardian of this child, do not have my own Health/Injury insurance coverage. I assume all risks and hazards incidental to such participation without Health/Injury insurance coverage and do hereby waive, release, absolve, indemnity and agree to hold harmless, TYFA, the host organization, the sponsors, supervisors, participants, volunteers and any other persons involved in TYFA.
Guardian/Youth Athlete Address	

I, the Guardian of the above named child, hereby give my approval to his/her participation in any and all TYFA Football/Cheer activities during the current season. I understand that football as well as cheerleading is a dangerous sport that may result in serious injury or even death. I assume all risks and hazards incidental to such participation including transportation to and from such activities, and I do hereby waive, release, absolve, indemnity and agree to hold harmless the Texas Youth Football Association (TYFA), the host organization, the sponsors, supervisors, participants, volunteers and persons transporting my child to and from activities for any claim arising out of injury to my child.

Physical Examination: I, the Guardian of this child, believe to the best of my knowledge that he/she can withstand the rigors of a football or cheerleading season. I, the Parent/Guardian, believe there is nothing physically/mentally wrong with my child. I, the Parent/Guardian, hereby give my approval to my child to participate in the upcoming season without a physical examination which is recommended by TYFA. I assume all risks and hazards incidental to such participation without a physical and do hereby waive, release, absolve, indemnity and agree to hold harmless, TYFA, the host organization, the sponsors, supervisors, participants, volunteers and any other persons involved in TYFA.

Equipment Liability: I understand that Guardians are responsible for the return of all equipment and uniforms, clean and in good condition to the host organization. And that We the Parent/Guardians will be responsible for reimbursement to the host organization any cost of lost or excessively damaged equipment and or uniforms.

Age Verification: I, the undersigned give TYFA and its agents the right to verify my child's age with his/her school if my child's age or eligibility comes into question or is challenged by a TYFA organization.

Yes No- My child's picture or likeness may be displayed on the TYFA/host organization websites.

Conduct: I understand that we are expected as parent/guardians to conduct ourselves in a civil manner at all Texas Youth Football Association (TYFA) events, and failure to do so could result in expulsion from the event by the host organization and or League officials. **I understand that the consumption of alcohol and use of tobacco products is strictly prohibited at TYFA games and events.**

Parental Medical Treatment Authorization: In the event of injury to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

I have read and understand all of the information on this document. My signature confirms my understanding.

Guardian Signature	Relationship	Date
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