

SACHEM YOUTH FOOTBALL AND CHEERLEADING, INC. (SYFC)
REGISTRATION INSTRUCTIONS AND INFORMATION
(Registration April 11, 2020 - McCall School LIBRARY – 11:00 AM – 1:00 PM)

Please read all instructions carefully

The registration packet consists of: A. Registration Form B. Registration Fee C. Birth Certificate D. Medical Clearance E. Report Card	No child will be rostered onto a team, given equipment or allowed to step onto the field without having ALL paperwork turned in. There will be no exceptions. Any incomplete packet sent to Sachem Youth Football and Cheerleading, Inc. will be returned to you and your child will not be registered until it is complete.
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Instructions for each section:

- A. Registration Form**
1. Completely fill out the “Contact Info” form. Leave no blank spaces.
 2. Completely fill out “Release” form and initial each box. Leave no blank spaces.
 3. Don’t forget to sign the Parental Signature Line on the “Release” form!
- B. Registration Fee**
1. Registration for 7th and 8th grade football candidates is \$245.00 for each child
 2. Make checks payable to Sachem Youth Football and Cheerleading Inc.
 3. **There will be a \$25.00 service fee for any checks that do not clear.**
- C. Birth Certificate**
1. Each candidate must submit a copy of their birth certificate.
- D. Medical Clearance**
1. Parents must fill out all pertinent spaces on the form and send it to your doctor.
 2. The doctor must sign and stamp the form and make note of any medical condition SYFC should be aware of. (A note from your doctor on his/her stationery stating your child is physically fit to participate in football or cheerleading is also acceptable and should be attached to the medical form).
 3. Forms must be dated on or after **January 1, 2020** and are applicable to the entire calendar year.
- E. Report Card**
1. We must have a copy of your child’s **Final** report card for the **2019-2020** school year.
 2. Since report cards do not come out until June, this is the only item allowed to be missing from your packet when you return it to us.
 3. Copies of the Final report card must be received before the first practice or your child will have to sit out.

For both football & cheerleading, direct questions to:
Paul Manganaro, 11 Pilgrim Drive, Winchester, MA 01890
Home 781-721-2930 or Days 781-315-1962
pmanganaro@manganaro.com

SACHEM YOUTH FOOTBALL AND CHEERLEADING, INC. (SYFC)
INFORMATION SHEET
(PLEASE PRINT)

PARTICIPANT INFORMATION:	CHILD'S FULL NAME:		
	DATE OF BIRTH/WEIGHT:	(DOB)	WEIGHT-FOOTBALL ONLY
	SCHOOL/GRADE (as of Sept. 2020):	(SCHOOL)	(GRADE)

CONTACT INFORMATION: (*If parents' addresses are different, please provide alternative address information on the back of this form)	PRIMARY HOME ADDRESS*:	
	Names of PARENT/GUARDIAN:	(1) (2)
	HOME PHONE:	(1) (2)
	CELL PHONE:	(1) (2)
	PAGER/BEEPER:	(1) (2)
	E-MAIL ADDRESS:	(1) (2)
	WORK PHONE:	(1) (2)

EMERGENCY CONTACT:	If parents or guardians cannot be reached in an emergency, please contact:	
	NAME:	
	RELATIONSHIP:	
	PHONE #:	

MEDICAL INFORMATION:	FAMILY PHYSICIAN:
	PHONE #:
	ALLERGIES OR MEDICAL CONDITIONS (please specify):
	MEDICATIONS (please specify):

VOLUNTEER INFORMATION:	We need parent volunteers to help make this a successful program. Please indicate below what you can do to contribute:	
	√	√
	TEAM PARENT	CHAINS (home games)
	FUND RAISING	CONCESSION (home games)
	ANYTHING NEEDED	EVENT PLANNING & EXECUTION

ADMINISTRATIVE USE ONLY:	REG. FEE \$ _____
	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK/CHECK NO. <input style="width: 100px;" type="text"/>
NOTES:	

**SACHEM YOUTH FOOTBALL AND CHEERLEADING, INC. (SYFC) RELEASES
HEREAFTER REFERRED TO AS THE “ASSOCIATION”
(PAGE 1 OF 2)**

(Please read the following and initial the boxes below):

I. PARENTAL CONSENT: _____ Initial	I, the parent or legal guardian of: _____ <div style="text-align: center;">(please print child’s name)</div> <p>a candidate for a position on the Association Football/Cheerleading Team, do hereby grant permission for his/her participation in Sachus Youth Football and Cheerleading (SYFC).</p>
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II. RELEASE FROM LIABILITY: _____ Initial	I, agree to assume all risks and hazards incidental to participation on a football/cheerleading team, including those arising from transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless, Sachus Youth Football & Cheerleading, Inc. and its employees, officers, directors, sponsors, volunteers, participants, persons transporting my child to and from any and all team activities (including out-of-state activities), and other agents from any and all claims, losses, liabilities or damages (including without limitation, attorneys’ fees and court costs) of any kinds whatsoever, arising out of participation in the football/cheerleading team whether resulting from negligence or other causes.
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III. MEDICAL RELEASE: _____ Initial	<p>Because your child is involved in a active sport, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur at team functions, practices, or at games, both at home and away (possibly out of state).</p> <p>I hereby grant permission to the Sachus Youth Football & Cheerleading, Inc. (the “Association”) to administer first aid, secure proper treatment, consent to medical treatment on behalf of my son/daughter/ward. In consideration of the Association’s agreement to provide such first aid, treatment, consent and authorization, I hereby agree to release, absolve, and hold harmless the Association and its employees, officers, directors, sponsors, volunteers, and other agents from any liability of any kind whatsoever, arising out of any such first aid, treatment, consent to medical treatment, or authorization provided or obtained by the Association</p> <p>BE SURE TO PROVIDE CONTACT & EMERGENCY NAMES & PHONE NUMBERS ON FRONT PAGE, PROVIDE MEDICAL INFORMATION/ALLERGIES/MEDICATIONS/ETC. ON FRONT PAGE.</p>
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IV. SCHOLASTIC FITNESS: _____ Initial	I am of the opinion that my son/daughter/ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my son/daughter/ward’s last year’s report card.
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V. REFUNDS/ UNIFORMS/ CONDITIONING _____ Initial	I understand that: <ol style="list-style-type: none"> 1. No refunds after July 1, 2020. 2. Uniforms are the property of the Association (SYFC). If lost or damaged, I will be charged for the replacement. 3. Football and cheerleading, like any other sport or physical activity, can be dangerous. <ul style="list-style-type: none"> ➤ It is important that my child attends all practices to insure proper conditioning, thus minimizing the risk of injury. ➤ Not consistently attending practice undermines the goals of the team and organization.
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PHYSICAL

1. MUST BE ON PHYSICIAN'S LETTERHEAD OR STAMPED WITH PHYSICIAN'S NAME, ADDRESS, DATE, AND SIGNATURE.
2. MAY **NOT** BE DATED PRIOR TO JANUARY 1, 2020 (THE CURRENT YEAR).
3. A COMPLETED PHYSICAL FORM MUST BE IN, OR THE FOOTBALL OR CHEERLEADING CANDIDATE WILL NOT BE ALLOWED TO PARTICIPATE IN ANY RELATED ACTIVITIES UNTIL A PHYSICAL FORM IS SUBMITTED.

IF STANDARDIZED FORM IS NOT USED THIS BLOCK MUST BE SIGNED AND STAMPED

I STATE THAT (NAME) _____ IS PHYSICALLY FIT AND THERE ARE NO OBSERVABLE CONDITIONS WHICH WOULD CONTRAINDICATE HIS/HER PLAYING FOOTBALL/CHEERLEADING.

PHYSICIAN SIGNATURE: _____ DATE: _____

PRINT PHYSICIAN NAME: _____

PHYSICIAN ADDRESS: _____
