



GREATER EAST AUSTIN YOUTH ASSOCIATION

Football Registration Form

All forms must be fully completed and signed.

Player Information

Last Name: _____ First Name: _____ Nickname: _____
Address: _____ City: _____ State: _____
Date of Birth: _____ Gender: Female Male *Age as of August 1st: _____
Month/Day/Year

**If your child turned 13 on or before August 1st of current year, he/she is not eligible to participate in G.E.A.Y.A. football program.*

Current School: _____ Grade: _____
*Has your child participated with G.E.A.Y.A. football program before? Yes No
If yes, Year: _____ Team Name: _____ Division: Flag Rookie Junior Senior

**Each child participating in the Greater East Austin Youth Association (G.E.A.Y.A.) football program, parent/guardian must provide an original birth certificate at time of registration. Birth certificates are copied by a G.E.A.Y.A. representative and placed in a confidential file.*

HOSPITAL CERTIFICATE OF BIRTH IS NOT ACCEPTED. (NO CERTIFICATE WITH THE FEET ON THEM)

Parent/Guardian Information

First Name: _____ Last Name: _____ Maiden: _____
Address (if different from above): _____ City: _____ State: _____
Phone #: _____ Alt. Phone #: _____
Relationship to Player: _____ E-Mail Address: _____

WE NEED YOUR HELP. Would you be interested in volunteering?
 Assistant Coach Team Parent Concession Stand Gate Entrance

PERMISSION TO PARTICIPATE

I, the parent/guardian of the above-named participant, do hereby give my permission to participate in Greater East Austin Youth Association (G.E.A.Y.A.) football program and/or any other related event or activities. (Initial: _____). I am fully aware of the potential danger of participation in any sport and I fully understand that participation in football may result in SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries and I, the parent/guardian waive, release, absolve, indemnify and agree to hold harmless the Greater East Austin Youth Association (G.E.A.Y.A.), Board of Directors, its coaches, its sponsors officials, organizers, volunteers, other participants, person providing transportation and any organization that this youth football program may be affiliated with from any claim arising out of injury to my child whether the result of negligence or for any other cause. (Initial: _____)

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION

I, the parent/guardian understand that it is my sole responsibility to provide transportation for my child to and from all G.E.A.Y.A. events and activities. In an event that a volunteer from G.E.A.Y.A. transports my child, I, the parent/guardian waive, release, absolve, indemnify and agree not to hold G.E.A.Y.A. or person transporting my child for any claim arising out of injury to my child. (Initial: _____)

Parent/Guardian Signature: _____ Date: _____

G.E.A.Y.A. OFFICIAL USE ONLY

Please initial when completed

Age Verified ___ Birth Certificate ___ Waiver/Release/Consent ___ Picture ___ Physical Exam ___ Medical Clearance ___

G.E.A.Y.A. Representative Signature: _____ Date: _____

EQUIPMENT/UNIFORM USAGE AGREEMENT

I understand that the equipment/uniform is the sole property of Greater East Austin Youth Association (G.E.A.Y.A.). I, the parent/guardian accept full responsibility for any and all equipment/uniform loaned to my child and I agree to promptly return, upon request, the uniform and other equipment in as good condition as when received except for normal wear and tear. If I, the parent/guardian fail to adhere to this policy, I will be responsible for and promptly pay the replacement cost of such equipment.

Parent/Guardian Signature: _____ **Date:** _____

Medical Information

**G.E.A.Y.A. may provide a licensed medical staff to complete a basic physical exam at no cost to parents/guardians. Please check with the head coach of the team you are registering your child to find out the date, time, and location of the physical exams. If your child misses the physical exam, it is the parent/guardian responsibility to get one completed by their child's physician. No player will be certified to participate without an examination completed.*

To be completed by parent/guardian

Emergency Contact (please list two contacts)

Name: _____ Phone#: _____ Relationship: _____
Name: _____ Phone#: _____ Relationship: _____

Please list any medical conditions (allergies, asthma, etc) and medication being taken by participant.

Allergies (please explain):

Medical Condition (please explain):

Medication (please list):

I understand that if my child has not had their physical exam he/she will not be able to participate in G.E.A.Y.A. football program. I hereby give consent for a licensed medical staff provided by G.E.A.Y.A. to complete a basic physical exam for my child.

Parent/Guardian Signature: _____ **Date:** _____

Medical Professional Only

Blood Pressure	Pulse
Weight	Height
Respiratory	Reflexes

Comments:

I, hereby with my signature below, do certify that I am licensed by the state and am qualified in determining that the named participant on this registration form is physically fit and I have found no medical or observable conditions which would indicate him/her from participating in youth flag/tackle football. I am clearing this individual for athletic participation.

Print Name: _____
Signature: _____ Date: _____



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Consent/Release

Participant Name: _____

EMERGENCY MEDICAL TREATMENT AND CONSENT

I hereby authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and or any licensed physician to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

Parent/Guardian Signature: _____ **Date:** _____

SCHOLASTIC

As G.E.A.Y.A. upholds the 'NO PASS, NO PLAY RULE', I am of the opinion that my child is scholastically fit and would benefit by participation in the Greater East Austin Youth Association football program. I, the parent/guardian agree to submit a copy of my child report card or progress report two weeks before play offs. If a copy of the report card or progress report is not submit to G.E.A.Y.A. than my child will not be able to participate in the league play offs.

Parent/Guardian Signature: _____ **Date:** _____

IMAGE RELEASE

I, the parent/guardian of the above-named participant, my minor child being allowed to participate in any way, in the Greater East Austin Youth Association (G.E.A.Y.A.) and any other events and activities, the undersigned agrees that G.E.A.Y.A. is hereby granted the unrestricted and exclusive right and permission, free from approval or review, to copyright and/or use my child's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use.

Parent/Guardian Signature: _____ **Date:** _____

Sports Parent Code of Conduct

1. I will not force my child to participate in sports.
2. I will remember that to participate is to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the Greater East Austin Youth Association (G.E.A.Y.A.).
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard. And make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature: _____ **Date:** _____