



FAIR OAKS YOUTH FOOTBALL & CHEERLEADING ASSOCIATION (LOBOS)

Member of Northwest Georgia Youth Football League: <http://nwgyl.com>

Football / Cheerleading Registration Form



Football

Cheerleading

Age as of

Aug. 1, 2010

DIVISIONS:

age 5-6
80lbs

age 7
90lbs

age-8
100lbs

age-9
110lbs

age-10
120lbs

age- 11-12
140lbs

MAROON/WHITE/SILVER

INSTRUCTIONS: Please print or type and fill in all blanks. Write N/A where there is not an answer for a question. A parent or legal guardian for athletes to participate must sign parental Consent and Medical Emergency Authorization portions of form. **Please include an ORIGINAL Birth Certificate, certified with seal.** A Medical Physical Release, signed by a physician is necessary for participants to practice. A refundable Uniform/Equipment Security Deposit is required prior to the issuance of equipment and uniforms. **ALL REGISTRATION FEES MUST BE PAID IN FULL PRIOR TO THE ISSUANCE OF ANY EQUIPMENT OR UNIFORMS.** Please place an or an in all boxes in which you respond.

Athlete's Full Name _____ Home Phone _____

Date of Birth _____ Age _____ Sex _____ Height _____ Weight _____

Address _____

City _____ State _____ Zip Code _____

Grade _____ School _____

Parent1 Name _____ Hm Ph _____ Cell _____

Employer _____ Wk Ph _____ Email _____

Parent2 Name _____ Hm Ph _____ Cell _____

Employer _____ Wk Ph _____ Email _____

Has the athlete ever played organized sports? If so, where _____

No REQUEST FOR REGISTRATION REFUNDS will be accepted after August 9, 2010. Last day 50% refund is August 16, 2010. I understand that I will be refunded only 20% of my fee if I decide not to allow my child to participate if he does not make the weight requirements by the fourth game. I also understand that if my child does not fall within the weight requirements of his weight division that I will receive **NO REFUND** if I allow my child to continue to weigh-in at the fourth game.

MEDICAL EMERGENCY AUTHORIZATION

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted is listed. I represent that the list is current and accurate and includes all allergies. The undersigned further represents that the forenamed child is physically fit and physical impairments that will in any way effect the child's participation have been brought to the attention of the Board of Directors of FOYFCA, and its coaches in writing.

If you are unable to contact me in an emergency, please try to reach one of the following authorized emergency contact persons:

Name _____ Relation _____ Hm Ph _____ Other _____

Name _____ Relation _____ Hm Ph _____ Other _____

Please list any allergies your child may have: _____, _____, _____

Do you pay city taxes? Yes _____ No _____

Parent/Guardian Signature _____ Date: _____

ASSOCIATION USE ONLY

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Full Amt. _____ Date Paid _____ Cash Check # _____ M.O. # _____ Receipt # _____
 Pd. \$ _____
 Covers: 1 Child 2 Children 3 Children 4 or more Children Non-Resident Fee \$25
 Uniform/Equipment Deposit: Check # _____ Amount \$ _____ Date _____ Receipt # _____
 Check # _____ Amount \$ _____ Date _____ Receipt # _____

Team Assigned: _____ Birth Certificate Med. Phy. Rel. Uniform/Equip. Dep. Orientation

PAYMENT PLAN:

You can divide your fee into weekly or monthly payments, but FULL payment of registration must be PAID by Aug. 2

EARLY BIRD

May 15-June 5th
 \$125.00
FULL PAYMENT MUST BE PAID BY June 5TH

NORMAL

June 12TH –July 31ST
 \$175.00
ALL PARTIALS CONVERT* TO NORMAL FEE ON JUNE 12TH

PRICE INCREASE

1ST DAY OF PRACTICE AUG. 2ND
 \$225.00
ALL PLAYERS MUST BE PAID IN FULL* TO BE CONSIDERED ON ROSTER*

Payment # Receipt #	Payment Amount	Payment Date	Pmt Type	Payment Balance
1 st	\$	/ /	\$	#
2nd	\$	/ /	\$	#
3rd	\$	/ /	\$	#
4th	\$	/ /	\$	#
5th	\$	/ /	\$	#
6th	\$	/ /	\$	#
7th	\$	/ /	\$	#
8th	\$	/ /	\$	#
9th	\$	/ /	\$	#
10th	\$	/ /	\$	#

I hereby agree to and do understand that the balance of registration is due in full by Aug 2nd, and the price increases there of.

Parent/Guardian Signature _____ Date _____
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