

CULPEPER FOOTBALL ASSOCIATION, INC. FOOTBALL PLAYER REGISTRATION 2010

FOOTBALL PLAYER INFORMATION: *Please only use one form per child, use an ink pen, and print.*

Family E-mail address (please use one that is checked often): _____
 Last Name: _____ First Name: _____
 Address: _____
 City _____ State _____ Zip _____
 Home Phone: _____ Secondary Phone: _____
 Gender: _____ Birthdate: _____ Age (as of Oct 1st this year): _____
 Is the child trying out for Middle School football: Y / N Please list the school: _____
 Please list the names and ages of siblings who will also be participating in the CFA: _____

Emergency Information:

Parent1 Last Name: _____ Parent1 First name: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Parent2 Last Name: _____ Parent2 First name: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Emergency Contact (other than parent): _____ Relationship to player: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Childs Doctors Name: _____ Phone Number: _____
 Hospital Preference: _____
 Name of Insurance Company: _____ Policy Number: _____
 Please list any physical or medical problems (to include allergies, medications, asthma) that the league should be made aware of: _____

Comments: _____

If the child played in the CFA last year please list the following:

Division _____ Team _____

Agreement and Consent: Please Read and Sign.

I do hereby grant permission for the named youth registered to participate in any and all activities of the Culpeper Football Association, INC. I assume all risk incidentals to such participation, including transportation to and from all activities. I hereby waive, release, absolve, indemnify a and agree to hold harmless CFA, its league officials, respective coaches, other players, parents/guardians, sponsors, participants, volunteers and any other persons transporting my child.
 I grant permission for emergency first aid to be given to the minor in case of injury. I grant permission for this minor to be taken to the emergency room of a nearby hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of this minor.
 I understand that my child's individual picture and/or team picture could be posted on the league's website and publications of the CFA.
 Both the player & parents/guardians agree to abide by the rules of play adopted by CFA & the Code of Conduct in the CFA Bylaws. I understand that CFA's refund policy is if a participant quits anytime between registration and prior to the drafts, all of their registration fee will be refunded with the exception of a \$10.00 processing fee. If a participant quits anytime after draft and before the first game, 50% of their registration will be refunded. All equipment must be returned before any refund is given. All equipment/uniforms, except socks, mouthpiece and jump pants (where applicable), must be turned into the head coach within 7 days from the date a participant quits.

I will be responsible for any equipment or uniforms the player receives during the season and agree to return all designated equipment at the end of the season or I will be charged for the cost of the equipment and/or uniform plus a reasonable late charge. Initial here _____

Parent/Guardian (signature) _____ (Print) _____ Date _____

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Warning: Protective equipment cannot prevent all injuries a player might receive while participating in the Culpeper Football Association. Culpeper Football Association does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

CFA USE ONLY - Football Uniform/Equipment Information:

Division:	Anklebiters	Mighty Mites	Midgets	Bandits							
Helmet Size:	Shoulder Pad Size: _____										
Jersey:	X-SM Y	SM Y	M Y	L Y	XL Y	X-SM A	SM A	M A	L A	XL A	XXL A
Pants:	X-SM Y	SM Y	M Y	L Y	XL Y	X-SM A	SM A	M A	L A	XL A	XXL A
Girdle:	X-SM Y	SM Y	M Y	L Y	XL Y	X-SM A	SM A	M A	L A	XL A	XXL A
New Participant:	_____	Returning Participant:	_____	Payment Date:	_____						
Payment Amt:	_____	Payment Method:	_____	CFA Board Member	_____						