

Spring Creek Youth Association
PO Box 118
Seven Springs, NC 28578
www.scyanc.com
Gotgator@yahoo.com

Registration Form

Player name: _____ Players DOB: _____ Players Age: _____
Gender: M / F Grade: _____ Name of School: _____ Home Room Teacher: _____

Parent/Guardian name: _____
Parent/Guardian relationship: ___ mother, or ___ father, or ___ other legal guardian.
(If other legal guardian, attach proof of guardianship)

Player physical address: _____

Contact information (fill in those preferred):

Phone# _____ (primary contact) Accept Text: Yes/No
Phone# _____ (secondary contact) Accept Text: Yes/No
Email parent/guardian _____

Person to contact in case of emergency when parent/guardian not available:

Name: _____
Contact phone # _____

Any medical conditions or physical impairments you wish to make known to the coaches?

Allergies: _____

Are you interested in Coaching a team? _____

Are you interested in more information about joining the SCYA? _____

Name of person interested: _____ Contact #: _____

Did you fill out Release waiver? Yes / No

Did you and your child sign a Code of Conduct paper? Yes / No

DISCLAIMER: As a parent of a child playing sports with the SCYA you or someone representing your child is required to work concession during the season. A concession schedule is created and given to parents at the beginning of the season. Concession keeps our registration fees down. If SCYA continues to see a decrease in participation with Concession then we will be forced to charge a Concession Fee of \$25 per family in addition to Registration to help cover expenses. If someone representing your child/family works concession then the \$25 Concession Fee will be refunded. We are all volunteers and your help as a parent is just as important as the coaches.

For Youth Records:

Birth Certificate: _____ Sports Physical: _____ Registration Fee: _____

Uniforms

	Baseball		Basketball		Cheerleading		Soccer		Softball		T-Ball	
	Size	Rec'd	Size	Rec'd	Size	Rec'd	Size	Rec'd	Size	Rec'd	Size	Rec'd
Shirt/Top												
Hat												
Pant/Skirt												
Body Suit												
Shoes												
Socks												
Hair Bow												

SOCCER ONLY:

Seymour Johnson Air Force Base Pass (Required Information) to enter Base and attend games. For players in age groups (7-12 year old teams), some games may be played on Base. For all players and guest that attend games on Base must submit, through their Association, certain Base Pass information to enter the Base. Upon review and approval by Base Security, of the Base Pass information, each attendee will be issued a Base Pass for use during the soccer season; Base Passes can be picked up at the front Gate of SJAFB on the day of, or prior to, the first game. The following information is **REQUIRED** for all attendees, ages 16 years old and older, entering the Base, whether they are the driver or the passenger. Each attendee in the car **MUST** have a **BASE PASS** to be allowed on the **BASE**.

All information listed in the section **MUST** be as it appears on ID or DL card. Please note if DL or ID card under DL section.

Last name:	First name:	Middle:	Age	DOB	DL# w/ State	Tag # w/ State

Please sign up for snack and juice for team after games!
Please return Registration to:

FOOTBALL ONLY:

WAIVER AND ACKNOWLEDGMENT OF RISK

Football is a contact sport. The contact is intended and players are trained to aggressively block and tackle other players. Practicing and playing football increases the risk of your child sustaining injury. Bumps, bruises, and scrapes are commonplace everyday occurrences and cannot be avoided. Serious injury is possible. The equipment provided does not provide complete protection from injury. The coaches and coordinators are volunteers and are not trained to diagnose or treat medical injuries or conditions. The coaches will teach your child proper contact techniques and body positioning, and proper use of these techniques is the best protection against serious injury. You may monitor practice from a safe distance and should attend games and are expected to know your child's medical needs better than any of the coaches. You should frequently remind and encourage your child to use the proper contact techniques.

I have read the preceding paragraph and understand and assume the risks of my child playing football. To the extent allowed by law I release the volunteer coaches and coordinators from liability for injury occurring in the course of practicing and playing football.

_____ (Signature of Parent/Guardian)
_____ (Date)