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|  | **Aurora Avalanche Youth Sports (AAYS)**  **Multi-Sport**  **Registration & Information Form** |  |

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| --- | --- | --- | --- | --- |
| □ Spring Football | □ Fall Football | □ Soccer | □ Basketball | □ Cheerleading |

**Age Division (age and grade as of the date of this form \_\_\_\_ (age) \_\_\_\_(grade)):**

Fall - □ 6 & under □ 8 & under □ 10 & under □ 12 & under □ 14 & under

Spring - □ 3rd grade □ 4th grade □ 5th grade □ 6th grade □ 7th grade □ 8th grade

**PLAYER INFORMATION:**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade \_\_\_\_\_\_\_ □ Boy □ Girl

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Returning Player? □Yes □No Jersey Number 1st Choice \_\_\_ 2nd\_\_\_

**PARENT/GAURDIAN INFORMATION:**

|  |  |
| --- | --- |
| **Name (1)** | **Name (2)** |
| Relationship | Relationship |
| Address | Address |
| City/State/Zip | City/State/Zip |
| Home Phone | Home Phone |
| Cell Phone | Cell Phone |
| Text Messages Okay? | Text Messages Okay? |
| Email Address | Email Address |
| Best Way to Contact? □ Phone □ Email □ Text | Best Way to Contact? □ Phone □ Email □ Text |

**MEDICAL AUTHORIZATION – GRANT OF CONSENT:** I hereby certify that my child is in good health and may participate in all activities. In case of emergency, I give my permission for my child to be given emergency treatment at any responsible accessible hospital.

The following information will be used in the event a parent/guardian is not available. The information will provide a quick reference for medical personnel in the need arises. Indicate “NA” if a particular question does not apply. This information will remain confidential and only shared with those that have a need to know. Please keep us updated if any of this information changes. If additional space is needed, please feel free to use the back of this form.

Family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Medical Issues? □ Yes □ No - If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­

­Any Allergies? □ Yes □ No - If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­Any Medications? □ Yes □ No - If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS (MUST HAVE TWO):**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
   Alternate Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Player \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
   Alternate Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Player \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE INFORMATION: *(please provide AAYS with a copy of the player’s insurance card):***

Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group/Group # \_\_\_\_\_\_\_\_\_\_\_\_ Preferred Hospital (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICIAN CERTIFICATION: *You can also attach a copy of a current physical, not more than 12 months old***

I have examined (player’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and

find him/her physically fit to participate in one of the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ Spring Football | □ Fall Football | □ Soccer | □ Basketball | □ Cheerleading |

Physician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFUND POLICY:** For the Spring Season with the Mile High League, all refunds for registration will go through Mile High Football League. Fall Season with CYFL, No refunds will be issued once the season has officially begun. If your child is unable to participate for any reason, the registration fee will be issued back to you as a credit for one (1) calendar year for any other Aurora Avalanche team sport .If the credit is not used within one calendar year from the issue date, it will be considered a donation to the Aurora Avalanche. **THERE ARE NO EXCEPTIONS!!!**

**INDEMNIFICATION AND WAIVER OF LIABILITY:** I hereby release and agree to indemnify and hold harmless Aurora Avalanche, Colorado Youth Football League (hereinafter referred to as CYFL), Mile High Football league (hereinafter referred to as MHFL), its representatives, volunteers, coaches, and/or agents from all claims of liability for damages and/or injuries incurred by me or my child in connection with the events or activities related to participation in Aurora Avalanche. I further acknowledge I have independently reviewed and evaluated the risks and have decided to allow my child to participate in the program with full knowledge and acceptance of the risks. I understand that the leagues and/or Aurora Avalanche do not provide any medical insurance for accidents or injuries. In recognition of my child being accepted to play in the Aurora Avalanche, sponsored sports program, I (we) agree to read and abide by the attached Code of Conduct. It is understood and agreed that if these standards are not met, I (we) may be subject to probation, suspension or expulsion from attending games, as determined by the leagues and/or Aurora Avalanche. For Fall Football, all ejections of players, coaches, and spectators are subject to appeal through their respective Club, who can appeal to the AA Executive Board. Any team or member who is expelled must appear before the CYFL Executive Board for reinstatement. **Please be advised that anyone who is put on probation, suspended or expelled from a game jeopardizes that team from Post-Season play.**

**Aurora Avalanche Youth Football (AAYS) Parent/Player Consent Form**

**(Required for all AAYS Participants)**

The success of our youth football program requires a shared commitment among its coaches, players, and parents as well as an acknowledgement and appreciation for the amount of time the coaches volunteer in order that so many children are able to participate in the program. Our program is intended to be a positive educational experience. Aurora Avalanche believes in the three “S’s” – Safety, Sportsmanship, and Scholarship and expects student participants to exhibit them both on and off the field. Therefore, we ask you to pledge to be a positive role model for your child and others and to keep in mind that the coaches and board members are volunteers. The Aurora Avalanche Program has always encouraged sportsmanship, responsibility, and good citizenship both on and off the field. Aurora Avalanche Football Program requires that all participants commit and adhere to the following Code of Conduct. Any violation of the following Codes could result in disciplinary action by the Member Organization and/or the Aurora Avalanche that may result in warnings or suspension. Always remember that the game of football will be an enjoyable, fun team sport only when you conduct yourself as follows:

**PARENTS/GUARDIANS AGREE TO:**

* Hereby give permission for our child, named above, to participate in sports activities in the AAYS programs.
* Understand that the insurance, which is carried by the team, is secondary to whatever coverage we have. In the event of a claim, we agree to submit the claim to our insurance company. If no insurance coverage exists, the insurance coverage provided through the league becomes the primary coverage.
* In the event of an injury, give permission for our child, named above, to be transported to a nearby emergency medical facility. Additionally, we give permission for medical treatment to be administered as deemed necessary by the medical staff.
* Will teach their child to play by the rules and resolve conflicts without violence.
* Will never scorn or yell at any children for making a mistake or losing a game.
* Will expect that their child’s practices and games be held in a safe and healthy environment.
* Will respect the coaches’ time and ability and will not interfere with practices or games.
* Will make every effort to ensure their child arrives to practices/games at the required time except for illness, bereavement, religious obligations or schoolwork and will notify the coaches immediately if my child is unable to attend a scheduled practice/game. In the event of unexcused absences from practices or games, parents/guardians will accept the respective Coaches’ decision regarding any discipline and / or suspension(s). Parents/guardians will arrange for prompt drop-offs and pick-ups. Parents/guardians understand and agree that if their child does not fully participate in practices and /or games to the extent their child is able to do so, then at the coaches’ discretion their child may not be allowed to participate in the next practice and /or game as determined by the coaches.
* Have the obligation to address any concerns that they may have at the time they occur with the Head Coach.
* Will never enter any part of the playing field to film or take pictures at any time during a game and will sit in the designated seating area during a game. If a designated area is not available, they will maintain a distance of at least 10 yards from the players.
* Will ensure that their player pays full attention to coaches and teammates during games and practices and will not talk with them during these times.
* Will volunteer (if at all possible) their time to assist their child’s team when asked by either a coach or a team mom. This may include assisting with game day preparations; concession stands, writing newspaper articles, etc.
* Agree to abide by the aforementioned Aurora Avalanche Program Parent Code of Conduct and acknowledge that any violation of the above guidelines may subject them to disciplinary actions by the Aurora Avalanche Program or my participating member organization, which may include an oral or written warning or suspension from attendance at games and/or practices.

**PARENTS/GUARDIANS/PLAYER AGREE TO:**

* Parents/guardians/players agree to abide by all the rules, regulations and Code of Conduct set forth by the team association and the AAYS.
* Parents/guardians/players will encourage good sportsmanship by demonstrating positive support and respect for all players, coaches, fans and officials and will be treated in the same manner.

**PLAYER AGREE TO:**

* Conduct his/herself with dignity as a participant of Aurora Avalanche football and as a citizen of the community.
* Fully accountable for his/her behavior and its outcome. Individual discipline is the only way to maintain team safety. The player understands that discipline problems will not be tolerated and could result in my being suspended or removed from the team.
* Will play by the rules and resolve conflicts without cheating or violence.
* Will not dispute or argue the decision of a coach or official.
* Will not yell, taunt, or tease a teammate or opponent for any reason.
* Will not use profane language or gestures.
* Will not use of abusive drugs, steroids, alcohol and/or any other illegal substances, as they will impact my health and my performance on the field in a negative way.
* Put forth my best effort regardless of the outcome, always knowing that I gave 100%. This includes practice and applies to consistently finishing drills and exercises in preparation for other aspects of practice and / or games and in order to mitigate and prevent, to greatest extent possible, injury to my teammates and myself.
* Will agree to maintain my studies and respect my teachers and counselors. If my progress report shows otherwise I know that I will be disciplined up to being removed from a game.

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| **Language** | Any use of foul or obscene language during any Aurora Avalanche practices, games, functions and events may result in probation, suspension or expulsion from the team and/or future events. | **Tobacco** | Tobacco in any form (including but not limited to smoking, chewing and snuff) will be strictly PROHIBITED at all Aurora Avalanche, practices, games, functions and events. |
| **Fighting** | Any type of physical contact that occurs outside the normal player contact by players, coaches, officials or spectators may result in probation, suspension or expulsion from the and/or future events. | **Alcohol** | Alcohol and illegal drugs are strictly PROHIBITED at all Aurora Avalanche, practices, games, functions and events. |
| **Ejection** | Any player, coach or spectator ejected more than once in any given season is immediately expelled. | **Animals** | Pets are strictly PROHIBITED at all Aurora Avalanche, practices, games, functions and events. |
| **Teams** | Any team that has more than two (2) ejections of players, coaches, parents/guardians, spectators, etc. in the same sport may be placed on probation for the remainder of that season and shall be ineligible for post-season play. | **Media** | Any contact with the media or individuals that is detrimental to Aurora Avalanche or the CYFL will result in immediate expulsion from the league or organization. |

Aurora Avalanche is extremely sensitive to the confidentiality and protection of participating children’s and their families’ privacy. However, to promote awareness and participation in the Aurora Avalanche Football Program - photographs of, film footage, tape recordings, which include me or my child’s image, voice, likeness, information, etc., may be used. Please indicate below whether you grant the Aurora Avalanche the right to use this information and/or statements about the Aurora Avalanche for publicity, advertising and promotional purposes without additional compensation, except where prohibited by law.

\_\_\_\_ YES, I give AAYS permission to use this information

\_\_\_\_ NO, I do not give AAYS permission to use this information

Player’s Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monies Paid $ \_\_\_\_\_\_ □Cash □ Check Number \_\_\_\_\_ □ Money Order Balance Due $\_\_\_\_\_\_\_\_\_\_