



**2018 FOOTBALL REGISTRATION FORM**  
**Christian Federation of Police Officers**  
 WE PUT THE FUN BACK IN YOUTH SPORTS



**Buda Youth Sports Association**

Doing our part to raise happy, healthy, active, and engaged young people in our community.

**TO BE A BANDIT, YOU MUST REGISTER THROUGH BYSA ONLY, NOT THROUGHT CFPO.**

EARLY TACKLE FOOTBALL REGISTRATION FEE IS \$135. EACH ADDITIONAL CHILD, PER FAMILY, \$110  
 REGULAR REGISTRATION FEE IS \$155. EACH ADDITIONAL CHILD, PER FAMILY, \$130  
 LATE REGISTRATION FEE IS \$165. EACH ADDITIONAL CHILD, PER FAMILY, \$140  
 MIGHTY-MITE FLAG (5 & 6 YEAR-OLDS) REGISTRATION IS \$80 PER CHILD.

Please circle one of the four age groups below for which you are registering your child. (We cannot accept 7<sup>th</sup> graders)

**Mighty-Mite Flag**  
Ages 5 - 6

**Pee-Wee Tackle**  
Ages 7 - 8

**Junior Tackle**  
Ages 9 - 10

**Senior Tackle**  
Ages 11 - 12

PLAYER'S FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

AGE (as of SEPT 1) \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ GRADE in 2018: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Ever played **CFPO-PAL** football? YES ( ) NO ( ) If YES, what team? \_\_\_\_\_

Ever played **BYSA** football? YES ( ) NO ( ) If YES, which season(s)? \_\_\_\_\_

FIRST PARENT'S FULL NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SECOND PARENT'S FULL NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FAMILY PHYSICIAN/CLINIC: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Explain below any existing medical or physical conditions that may limit your child's participation, or is controlled or corrected with medication (allergies, diabetes, asthma, etc.):

**PLEASE READ CAREFULLY AND SIGN:**

THE ABOVE NAMED CHILD IS MY SON/DAUGHTER, OR I AM HIS/HER LEGAL GUARDIAN. I UNDERSTAND THAT HE/SHE WILL BE PLAYING FLAG OR FULL CONTACT FOOTBALL, AND KNOWING THE INHERENT DANGERS OF SPORT, I DO HEREBY GRANT MY PERMISSION FOR HIS/HER PARTICIPATION. I AGREE TO HOLD **CFPO-PAL**, **BYSA**, OR **ANY** OF THEIR COACHES OR AGENTS HARMLESS FOR ANY ACCIDENT IN WHICH THE ABOVE NAMED CHILD COULD POSSIBLY BE INVOLVED. I UNDERSTAND THAT NO CHILD WILL BE ALLOWED ON THE FIELD UNTIL REGISTRATION IS PAID AND ALL FORMS SUBMITTED (DUE TO INSURANCE LIABILITY). IF THE CHILD QUILTS WITHIN THE FIRST TWO WEEKS, 50% OF THE REGISTRATION FEE WILL BE REFUNDED.

I HAVE INFORMED THE **CFPO-PAL YSL** AND **BYSA** OF **ALL** MEDICAL AND PHYSICAL CONDITIONS WHICH MIGHT AFFECT MY CHILD'S ABILITIES, AND I HAVE NOTED PERSONS IN ADDITION TO MYSELF TO NOTIFY IN CASE OF EMERGENCY. MY PERMISSION IS HEREBY GIVEN FOR MY CHILD TO PARTICIPATE IN THIS PROGRAM SPONSORED BY **CFPO-PAL** AND **BYSA**, AND FOR ANY EMERGENCY MEDICAL TREATMENT WHICH MIGHT BECOME NECESSARY.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR BYSA ONLY: AMT PAID \_\_\_\_\_ DATE: \_\_\_\_\_ CASH / CC / CHECK # \_\_\_\_\_ RECEIPT# \_\_\_\_\_