



Bayside Bears Youth Football & Cheerleading Assoc.
P.O. Box 111478
Palm Bay, FL 32911
www.baysidebears.org



Player/Cheerleader Registration

***Wallet sized photo and a copy of birth certificate must be included!**

CHILD'S NAME: _____ NAME THEY GO BY: _____

DATE OF BIRTH: _____ AGE ON **AUGUST 1, 2010**: _____

WEIGHT OF TACKLE PLAYER: _____

CURRENT SCHOOL: _____ RETURNING PLAYER Y N (circle one)

PARENT'S NAME (who child resides with): _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

E-MAIL ADDRESS (please write clearly): _____

PLAYER FEES No Refunds after payment is made. Make checks payable to BBYFCA.

Tackle Football \$135 (Includes Membership Fee, Equipment Rental and Jersey to keep.)

Flag Football \$75 (Includes Membership Fee, Equipment Rental and Jersey/Shorts to keep.)

Cheerleading \$160 (Includes Membership Fee, Cheer Uniform Rental, Socks, Shoes, Bloomers, Hairbow and Spirit Uniform to keep.)

I would like to donate \$_____ to the BBYFCA financial assistance program to go to assisting approved players and cheerleaders with their registration fees.

PLEASE DO NOT WRITE BELOW THIS LINE. BBYFCA OFFICIAL USE ONLY.

REGISTRATION FEE PAID: _____

BIRTH CERTIFICATE PROVIDED? _____

PHOTO PROVIDED? _____

SPECTATOR CONTRACT SIGNED? _____

RECEIVED BY: _____

PLEASE INITIAL ALL.

_____ The parent(s) or guardian of the above participant do hereby give approval for participation and understand all the risks and hazards associated with this activity and hereby absolve, indemnify and hold harmless the Bayside Bears Youth Football & Cheerleading Association (BBYFCA) and its Board of Director's, its' organizers, sponsors and volunteer staff for any injury that may occur to my/our child.

_____ I/we understand that transportation to and from this activity is my/our sole responsibility.

_____ I/we acknowledge and understand that no refunds will be given for any reason once payment has been made.

_____ I/we acknowledge and understand that any checks written to BBYFCA that are returned for insufficient funds will not be re-deposited, but will be returned to you and a cash payment will be required along with a \$25 returned check fee.

_____ I/we acknowledge that one person per family will be assigned to work as a volunteer for concession no less than 4 hours as assigned by the BBYFCA Parent Coordinator. I/we further acknowledge it is my/our responsibility to cover the assignment and if I/we cannot fulfill it, it is my/our responsibility to find replacement and inform the league. If the family wishes to opt out of this requirement, a fee of \$30 can be paid to the league.

_____ I/We acknowledge that each child will have to participate in fundraisers as a team, league or as an individual to raise funds for the support of the BBYFCA.

_____ I/we acknowledge the responsibility for BBYFCA issued equipment for the purpose of any activity sponsored by the league. Custom altering of any league owned equipment is not permitted and will result in a replacement charge for said equipment.

_____ I/we accept responsibility of returning all equipment or uniforms upon request. Failure to do so may result in prosecution and the inability for my child to participate in the future or receive his or her awards. An additional collection fee will be assessed in addition to the cost of the uniform and or equipment not returned at the end of the season. Your child will not get his or her awards until the missing or damaged equipment is paid in full.

_____ **I/we are aware and acknowledge that should my child's behavior become such that it is a problem for the coaches or other children, he/she may be removed from the team at the discretion of the respective Head Coach, Sports Director and League President.**

_____ **I/we are aware and acknowledge that BBYFCA is not responsible for my child before, during, or after practices, special events, and games. There must be a parent or guardian present at all times. If an emergency comes up, the child must leave with the parent or guardian.**

Football Only:

_____ **I/we acknowledge that the BBYFCA adheres to Brevard County Youth Football and Cheerleading Association minimum game play rule. Each player shall play a minimum of 4 plays per game. Participation on special team plays count toward the minimum play rule with the exception of PAT kick and field goal tries in the Rookie Division where there is no rush. Disciplinary action of a player may supersede the play rule and will be at the discretion of the coach and individual member club president. However, the parent/guardian must be notified prior to the game when such disciplinary action is occurs. The minimum play rule does not apply in Playoff or Super Bowl games.**

_____ If a player quits or throws his equipment in anger, player is expelled from the rest of the current game and for the next game. He must come to all practices to help his coaches while suspended. If player does this a second time, he will be expelled from the program.

I/WE UNDERSTAND AND AGREE FULLY TO THE BBYFCA RULES, PARENT RESPONSIBILITIES AS STATED ON THE ATTACHED SHEET, AND POLICIES STATED IN THIS REGISTRATION APPLICATION, AND AS DICTATED BY THE BBYFCA BYLAWS. FAILURE TO UPHOLD AND ABIDE BY THE ABOVE STATEMENT COULD RESULT IN THE ABOVE PARENTS AND OR CHILD BEING SUSPENDED FROM LEAGUE ACTIVITIES.

PARENT/GUARDIAN (Signature): _____ DATE: _____

PARENT/GUARDIAN (Signature): _____ DATE: _____

MEDICAL INFORMATION

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

PHYSICIAN NAME: _____

PHYSICIAN PHONE: _____

Does your child take medication on a daily basis? Yes ____ No ____

If so, please list: _____

Does your child have asthma? Yes ____ No ____ Use an inhaler? Yes ____ No ____

(If your child uses an inhaler, they must have it at all practices and games)

Child's allergies: _____

Any physical limitations that the BBYFCA should be aware of?

Please describe: _____

A copy of this form will be released to the Head Coach of your child's team only. The original will be kept on file with the BBYFCA.

BBYFCA Parent/Spectator Contract

Welcome to the Bayside Bear family. Our program is bigger than any one player, coach or spectator. As a Bear spectator, we require the following:

1. Encourage members of both teams.
2. Keep all comments positive.
3. Remember, this is a youth sports organization. No foul language.
4. **Only players and coaches allowed on the field, no exceptions.**
5. Leave the coaching to the coaches. They are all volunteers, some as many as 15-20 hours per week. Please show them the respect they deserve
6. You are responsible for all family members and friends attending the games to watch your child.
7. No open alcoholic beverages on the field or parking areas.
8. Help make this a positive and fun experience for all.
9. Report any violations to the head coach or board member.

Policy Enforcement

1. Individuals will be given one warning for inappropriate activity.
2. Individuals that continue will be asked to leave the fields and the player will be removed from the game until spectator has left.
3. Other sanctions as deemed necessary by the President or Board may be enforced, including permanent ban.

THIS MUST BE SIGNED AS A CONDITION OF YOUR CHILD'S PARTICIPATION

Player/Cheerleader Name: _____

Mother/Guardian: _____

Father/Guardian: _____

Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE. BBYFCA OFFICIAL USE ONLY

REGISTRATION FEE PAID: _____

ASSISTANCE PROGRAM PAID: _____

TOTAL PAID TODAY: _____

PAYMENT METHOD (check one): CHECK____ CASH____ CREDIT CARD____

(If paid by check) CHECK #_____ DL# _____

RECEIPT#_____

RECEIVED BY: _____

CREDIT CARD PAYMENT INFORMATION

Credit Card Number _____

Expiration Date _____

Authorization Number _____

Billing Address _____

Billing Zip Code _____

Signature _____