



BRIGHTON YOUTH FOOTBALL & CHEER

PARTICIPATION REGISTRATION FORM

WWW.BRIGHTONYOUTHFOOTBALL.NET

(Please complete and bring to registration or mail with payment to our PO Box.)

First Name: _____ Last Name: _____

Nick Name: _____ Birth Date: _____

Address: _____ City: _____

Zip: _____ Home phone: _____

School: _____ Grade in the Fall: _____

T-shirt size: Youth Sizes: YS, YM, YL, YXL Adult sizes: AS, AM, AL, AXL *Please estimate for growth.

Name of Primary Contact: _____ Relationship: _____

Mother's Name _____ Mothers Cell: _____

Mother's E-mail: _____

Mothers Alternate E-mail: _____

Father's Name _____ Father's Cell: _____

Father's E-mail: _____

Father's Alternate E-mail: _____

Volunteer Interests: Coaching cheer Coaching football Team Mom

I have received and understand the Brighton Youth Football Rules.

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Parent Initials Child Initials

I have received and understand the Brighton Youth Football Code of Conduct.

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PARTICIPATION FEES:

Jr. Freshman Football or Cheer Fee: \$125 Amt. Paid = \$ _____

Freshman, JV, Varsity Football Fee: \$225 Amt. Paid = \$ _____

Freshman, JV, Varsity Cheer Fee: \$175 Amt. Paid = \$ _____

Spring Camp (football or cheer) Fee: \$25 Amt. Paid = \$ _____

Discount for 2+ children (\$25 off registration fee for each additional child)

Subtract Discount - \$ _____

Total Amt. Paid: \$

Payment Method: Check (enclosed) Payment Plan (Please contact BYF Treasurer) by April 1st

Please read all pages and return completed pages 1-4 with payment. Returning participants may mail forms by March 1st to: **BRIGHTON YOUTH FOOTBALL, PO BOX 633, Brighton, MI 48116 or come to our returning player Registration Night; March 1st. Mail-in registration is not available for new participants. Please plan to come to open registration on March 10th with 2 copies of your child's birth certificate and registration forms.*

Parent/Guardian Signature: _____ Date: _____

MEDICAL TREATMENT RELEASE

Accident/Health Insurance Company: _____

Family Physician: _____ **Physician Phone:** _____

List Allergies: (include food, medication, etc.) _____

List Medications: _____

List any pertinent medical history: (History of asthma, diabetes, epilepsy, hearing or eye problems)

***If your child uses an inhaler, you will need to label it with their name and give it to your child to take to the field. The Head Coach will keep all inhalers together during the game. This will help your child get the required treatment as soon as possible without delay.**

PARENT/GUARDIAN PERMISSION

AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

I/We hereby give my consent for my/our child to participate in the Brighton Youth Football program. I/We also agree to reimburse Brighton Youth Football for any equipment issued to my child should it become lost. I/We hereby authorize representatives of the Brighton Youth Football Board of Directors and/or Coaches to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency medical care while I/we are not in attendance at such an event. I/We hereby release said officials from any and all liability on account of such selections or authorization for any and all damages which may occur on the account there of.

Child's Name: _____ **Date:** _____

Father/Guardian: _____
(Please Print Name) (Signature)

Mother/Guardian: _____
(Please Print Name) (Signature)

RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the **Brighton Youth Football** program, its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS **Brighton Youth Football**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

PHOTOGRAPH WAIVER

I hereby grant permission to Brighton Youth Football (BYF) to use photographs of my child(ren) in the official BYF printed publications without further consideration and I acknowledge BYF's right to crop or treat the photograph at its' discretion. I agree to indemnify and hold harmless from any claims against BYF. Please be advised that at no time would a child's name be printed/posted in conjunction with photos on the BYF website.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____

PARENT/GUARDIAN'S SIGNATURE

Volunteer Sign-Up

BYF is an all volunteer organization. Each home game requires volunteers to run smoothly. Please look over the list of home game volunteer assignments and select your preferred assignments, games and days. Job descriptions can be found on the BYF website; www.brightonyouthfootball.net. Preferences are recorded first come, first served. As soon as we know our season schedule, you will be notified by email which dates and shifts you are awarded. The volunteer requirement for each family is 4 half game assignments. Please turn in the completed form at registration or by mail. If you have any questions please e-mail Dawn DesRosiers, vp.support@brightonyouthfootball.net. Thank you!

1. Tell us your child's name:

Player's Name: _____ Squad: _____

2. Select your preferred volunteer assignment(s) and preferred game:

√	Volunteer Assignments	# of halves	Jr. Fresh Game	Fresh Game	JV Game	Varsity Game
	Pre-Game Clean Up	2				
	Concessions Stand Start-Up	2				
	Grill Master	1				
	Concessions helper	1				
	Concessions Manager	4	Please contact Dawn DesRosiers for more information.			
	50/50 Ticket Sales	1				
	Chain Gang	2				
	Videotaping	2				
	Game Announcer	2				
	Time Keeper	2				
	Booth Spotter	2				
	Post-Game Clean Up	2				
	Concessions Stand Shut Down	2				

3. Select the preferred home game for your volunteer assignment (dates TBD):

- Home Game # 1
 Home Game # 2
 Home Game # 3
 Home Game # 4
 No preference

4. Comments:



Brighton Youth Football

General Information and Rules of the Football Program

Participants Rules:

All players will adhere to the following rules of the program:

- 1) Do not smoke.
- 2) Do not take drugs or associate with people who do.
- 3) Conduct yourself with discipline on the field and in the classroom.
- 4) Fighting will not be tolerated.
- 5) Pursue and maintain high academic achievement in school.
- 6) Maintain a positive attitude. If the coach feels your attitude is hurting the team in any way, you will be asked to leave.

Parent/Family Rules:

- 1) To avoid distractions, parents/family are asked to stand back from the field during practice and game times.
- 2) Profanity, harassment, and threats of any kind will not be tolerated.

Absences:

Because football is a team sport, we must rely on all of the participants to make a commitment to contribute to a common team goal for a successful season. To achieve this, it is imperative that all participants attend all practices and games. Participants are expected to be on time to all football related functions (on time means 5 minutes early).

If a participant is absent for any reason notification by phone or email must be given at least one hour prior to practice or game time (emergencies are understood).

The following guidelines will be used in the event of a participant absence.

- 1) Excused absence – No discipline
(example: religious education, sanctioned school activity, doctors visit, sickness)
- 2) Unexcused absence – Play time may be affected (Head Coach decision)
(example: vacation - planned/unplanned)
- 3) Absence with no notification – dismissal from team

Note: The Director of Football and or board will make all final decisions regarding disciplinary actions.

Weather:

- 1) We will practice and play games in all weather conditions (rain, snow, etc.).
- 2) If practice has to be cancelled due to weather, you will be emailed or called by your coaches 45 minutes prior to start time.
- 3) If you do not receive an email or phone call please arrive as scheduled.

Note: In the event of thunderstorm or tornado conditions, we ask that you be available (or make arrangements) to pick up your child as soon as possible. Weather related game decisions are made by the referees of that game.



Brighton Youth Football – Bulldog’s Code of Conduct

All coaches, football, cheerleading, and team officials, whether with or without realization of the fact, are looked upon as potential Role Models by the participants. Coaches are the ambassadors of the League, and in many cases will be the only contact that a participant or parent will have with the League. Coaches affect the opinions that participants and parents create of the Michigan Youth Football and Cheer Conference, either positively or negatively and may have a great impact on the future success of this organization.

Therefore, all coaches, football, cheerleading, and team officials will abide by the Code of Conduct and Rules which follow. If any rules or codes of conduct should be broken, the Brighton Youth Football Board of Directors shall have the authority to impose a penalty. The Board of Directors depending on the violation and the severity of its impact shall determine this penalty which may result in disciplinary action up to suspension or expulsion from the organization.

These categories are generally descriptive of the most obvious types of misconduct and are not to be construed as an exclusive list or as a limitation upon the authority of the Brighton Youth Football Board of Directors to deal appropriately with any other types of conduct which interfere with the good order of the organization.

The following are considered violations of the Code of Conduct and shall apply to any Brighton Youth Football Board member, coach, director, participant, volunteer, parent, or fan.

1. Insubordination, disrespect, or disregard of verbal instruction or direction of the coaches.
2. Persistent defiance of the authority of a staff member.
3. Taunting players, coaches, officials, Board members, or other parents/spectators by means of baiting, ridiculing, bullying, harassment, stalking, verbal and/or non-verbal threats of physical violence, intimidation, or displaying physical violence. *Law enforcement authorities may be notified in cases of this misconduct.*
4. Larceny/petty theft/vandalism: Any theft or vandalism of money, personal or public property of \$5 or more value; and/or theft involving unlawful entry. *Law enforcement authorities may be notified in cases of this misconduct.*
5. Offensive speech/displays: Speech, communication, or displays which tend to disrupt the orderly conduct of practices or games including:
 - a. The use of vulgar acts, obscenities, or gestures.
 - b. Racial or ethnic slurs and/or intimidation.
6. Fighting:
 - a. The act of physical bullying or quarreling, including bodily contact.
 - b. Incitement – the act of inciting or prompting others to action.
7. Possession, consumption or being under the influence of alcoholic beverages, illicit drugs, or performance enhancing drugs are prohibited at all times. *Law enforcement authorities may be notified in cases of this misconduct.*
8. The use of smoking materials or substances (cigarettes, cigars, etc.) on school grounds is strictly prohibited. *Law enforcement authorities may be notified in cases of this misconduct.*
9. Possession or use of a weapon: The term weapon shall mean any object or instrument of which the principal use is to inflict injury or physical harm upon the person of another, or the use of which may result in pain or suffering. *Law enforcement authorities may be notified in cases of this misconduct.*
10. Failure to accept decisions of the game officials on the field as being fair and called to the best ability of said officials.

11. Criticism of an opposing team, player, coaches, or fans by word of mouth or gesture.
12. Any fan that becomes a nuisance and out of control will be asked to leave.
13. Failure to insure all equipment be cared for properly and is not allowed to be used in an abusive or destructive manner.
14. Deliberately inciting unsportsmanlike conduct.

COACHES SHALL:

1. Follow the rules as prescribed in the Michigan High School Athletic Association rules and those of the Michigan Youth Football and Cheer Conference (MYFCC). These rules shall be the governing rules of the Brighton Youth Football. The rules listed below shall apply if they are not already within the rules and guidelines of the above-mentioned MYFCC.
2. Criticize only in a constructive manner, with the intent to benefit and never to humiliate a participant. Coaches should look for ways to compliment and always offer positive reinforcement where possible.
3. Refrain from making negative comments regarding fellow coaches of the MYFCC coaching staff in front of participants.
4. Strive to make every football and cheerleading activity serve as a training ground for life and a basis for good mental and physical health.
5. Emphasize that winning a game is the result of good TEAMWORK.
6. Treat all participants the same. No favoritism shall be shown or special privileges given to one participant that cannot be given to another.
7. When scores are such that leads are commanding, refrain from “piling it on” or “running up the score”. Use this opportunity to let all players receive more playing time.
8. Uphold all rules and regulations adopted by the MYFCC.
9. Be aware of the impression that we make on the participants and practice high standards in personal grooming and choice of apparel at practice and any event that is sponsored by the MYFCC.
10. Coaches alone do not make team or conference policy. However, on the playing and practice fields, the coaching staff is in complete charge and shall not be interfered with except in cases of rule violations or any other conduct deemed by the Board of Directors to be contrary to the welfare of youth participants.

We expect all Brighton Youth Football participants to enjoy the game and to support and respect all players, cheerleaders, coaches, officials, board members, and parents regardless of team affiliation.

BRIGHTON YOUTH FOOTBALL MEDICAL RECORD*(Please complete after April 15th - Bring with you to the first day of practice.)*

NAME _____
 ADDRESS _____
 HOME PHONE _____ EMERGENCY PHONE _____
 AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____
 GRADE _____ SEX _____
 PARENT OR GUARDIAN NAME _____
 FAMILY PHYSICIAN NAME _____

CIRCLE THE APPROPRIATE NUMBERS IF YOU HAVE HAD ANY OF THE FOLLOWING:

- | | | |
|-----------------------------------|-------------------------|----------------------------------|
| 1. Drug Allergies
_____ | 11. High Blood Pressure | 23. Operation on Testicles |
| 2. Eye Injury or Disease
_____ | 12. Heart Surgery | 24. Kidney Trouble |
| 3. Ear Surgery | 13. Chronic Cough | 25. Broken Bones
_____ |
| 4. Mastoid Surgery | 14. Asthma | 26. Back Problem
_____ |
| 5. Frequent Sore Throat | 15. Collapsed Lung | 27. Severe Headaches |
| 6. Fainting or Dizzy Spells | 16. Lung Disease | 28. Head Injuries |
| 7. Convulsions | 17. Hepatitis | 29. Neck Injuries |
| 8. Rheumatic Fever | 18. Infectious Mono | 30. Other Bone or Joint Problems |
| 9. Heart Disease | 19. Peptic Ulcer | _____ |
| 10. Diabetes | 20. Appendectomy | _____ |
| | 21. Hernia | |
| | 22. Hernia Repair | |

WHAT MEDICATION DO YOU TAKE REGULARLY?

PHYSICIAN TO COMPLETE THIS PORTION

Physician's comments on circled items in history section above:

BP: _____ PULSE: _____ URINALYSIS: _____ BLOOD: _____

PROTEIN _____ SUGAR _____

Circle number if abnormal and explain below:

- | | | | | |
|----------|------------|--------------|-------------------|-----------------------|
| 1. Heart | 4. Lung | 7. Hernia | 10. Pilonidal | 13. Upper Extremities |
| 2. Teeth | 5. Heart | 8. Genitalia | 11. Lymph Glands | 14. Lower Extremities |
| 3. Chest | 6. Abdomen | 9. Skin | 12. Back and Neck | |

Physicians comments on circled items:

THE ABOVE STUDENT IS PHYSICALLY ABLE TO PARTICIPATE IN ALL ACTIVITIES

DATE: _____ SIGNED: _____

Physician