



# B.R.Y.A. Youth Flag Football

## 2012 Spring Registration



Today's Date: \_\_\_\_\_

| Player Information                     |              |                               |         |
|--|--------------|-------------------------------|---------|
| First Name:                            | Last:        | Date of Birth: ____/____/____ |         |
| Street Address:                        | City:        | Zip:                          | Weight: |
| Home Phone:                            |              | School:                       |         |
| T-Shirt Size (specify youth or adult): | Shorts Size: | Jersey # Requested (list 3):  |         |
| Preferred Coach:                       |              |                               |         |

| Parent/Guardian Information |       |                          |       |
|-----------------------------|-------|--------------------------|-------|
| <b>Parent 1</b><br>Name:    |       | <b>Parent 2</b><br>Name: |       |
| Phone:                      | Cell: | Phone:                   | Cell: |
| Email:                      |       | Email:                   |       |

| Medical & Emergency Information   |                          |                     |
|---|--------------------------|---------------------|
| Emergency Contact:  | Emergency Phone:         | Relation to Player: |
| Insurance Carrier:  | Doctor:                  | Phone:              |
| <i>Please list any allergies/medical problems, including those requiring maintenance medications. (i.e. diabetic, asthma, seizure etc.)</i> |                          |                     |
| <b><u>Medical Diagnosis</u></b>   | <b><u>Medication</u></b> |                     |
|   |                          |                     |
|   |                          |                     |

**Medical Treatment (required):**  
(initial above)

I hereby give permission for the BRYA to use its judgment in obtaining medical service for my child on an emergency basis. I give permission to the physician selected by the BRYA personnel to render medical treatment deemed necessary and appropriate. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by an agent of the BRYA when deemed immediately necessary or advisable by the physician to safeguard my child's health. I agree to assume responsibility for payment of any resulting medical, hospital or related costs and expenses.

**Release From Liability (required):**  
(initial above)

I understand that accidents may occur from my child's participation in sports activities carried out by the BRYA. I agree to assume those risks. By signing below, I release the BRYA, its agents, volunteers, coaches, board of directors, and independent contractors, league officials and sponsoring agencies from any and all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in the BRYA program.

**Photo Release (optional):**  
(initial above)

The BRYA may at times post pictures from events, practices and games on the BRYA website. NOTE: We do not list the child's name as a caption on any pictures.

Parent Name (print) \_\_\_\_\_ Parent Name (Sign) \_\_\_\_\_ Date: \_\_\_\_\_

*If mailing, please include copy of birth certificate and payment. Please bring those items with you if you register in person.*  
**Mail forms to: Lisa Lynn, 325 N. Valley View Dr., Taylors, SC 29687**

**BRYA Use Only**

|   |       |               |                    |  |
|---|-------|---------------|--------------------|--|
| <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Parent & Player Code of Conduct <input type="checkbox"/> AYF Waiver |       |               |                    | Amount Paid: \$  |
| League Age:   | Team: | T-Shirt Size: | Jersey # Assigned: | <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ |