



1981 - 2011  
Over 30 Years

# BRANTFORD YOUTH FLAG FOOTBALL ASSOCIATION 2012 REGISTRATION FORM AND **OFFICIAL TAX RECEIPT**

FORM #

2012-\_\_\_\_\_

Player Name: \_\_\_\_\_ (the "Player Member")

*Please print clearly*

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*mm / dd / yyyy*

Proof of Age presented: Y / N

Gender: M / F

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_  
*Number and street, Apt*

\_\_\_\_\_  
*City Prov*

\_\_\_\_\_  
*Postal Code*

Player Height: \_\_\_\_\_ Player Weight: \_\_\_\_\_

Email Address: \_\_\_\_\_

Returning Player: Yes / No

Referred by: \_\_\_\_\_ (for non-returning, New Player Members only)

<b>LEVEL</b>	<b>Atoms</b>	(born Jan-Jun 2008; 2007; 2006)	<b>Level 1</b>	(born 2004; 2005)
<i>Mark one</i>	<b>Level 2</b>	(born 2000; 2001; 2002; 2003)	<b>Level 3</b>	(born 1998; 1999)
	<b>Level 4</b>	(born Jul-Dec 1994; 1995; 1996; 1997)		

FEES		Individual	Same Family Discounts	Amount Paid
(A)	ATOMS & LEVEL 1	1 child: \$ 67.50	2 or more siblings: \$ 126.00	OR SEE ASSOCIATED FORM #
	(A) & (B) COMBO		2 or more siblings: \$ 148.50	
(B)	LEVELS 2 TO 4	1 CHILD: \$ 90.00	2 or more siblings: \$ 171.00	

**10% Discount ends Jan 15, 2012**

\*\*\* \$15 rebate for any New Player Member \*\*\*

Payer: \_\_\_\_\_

*Please Print Clearly*

Paid by:  Cash  Cheque  PD Cheque Cheque #: \_\_\_\_\_

Received By: \_\_\_\_\_

### Consent For use of personal information

I authorize the Brantford Youth Flag Football Association ("BYFF") to collect and use personal information about me or my child/ward for the purpose of receiving communications from BYFF. Said consent also includes permission granted to BYFF to use my child/ward's name and / or images on its website and in local media. I understand that I may withdraw such consent related to receiving communications at any time by contacting the BYFF Privacy Officer at [BYFF@rogers.com](mailto:BYFF@rogers.com) or by mail to: **Attention: BYFF Privacy Officer, PO Box #28019, North Park Plaza, Brantford, ON N3R 7X5**. The Privacy Officer will advise the implications of such withdrawal.

**\*We do not sell or distribute your personal information to any other third party not listed herein.\***

### Acceptance of terms and conditions

In consideration of the acceptance of my or my child/ward's membership in BYFF, I, the parent/guardian, agree as follows:

- I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
- I am aware of BYFF bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
- I accept sole responsibility for my child/ward's personal possessions and athletic equipment.
- I accept all liability for any damage to the playing equipment caused by me or my child/ward's careless, negligent and/or improper handling.
- I agree to pay a \$30.00 administration fee for NSF cheques.
- I am aware that there will be **no refunds** after June 30, 2012.

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

\_\_\_\_\_  
Name of Parent or Guardian (please print) Signature of Parent or Guardian Date

Does the Player Member have any **medical conditions** that the BYFF should be aware of? YES / NO

If YES, please state

**Rules for Referral Rebate Program**

If you are registering a player that is new to BYFF (a "New Player Member"), enter the name of the existing BYFF member that referred you to BYFF in the space provided on the front.

The BYFF Rebate Program will terminate when general membership registration is closed for 2011 or at any other time as agreed by BYFF executive, whichever comes first. Termination of this Rebate Program is at the sole discretion of BYFF executive.

**Who is Eligible for a Referral Rebate?**

The referring Member can receive \$15.00 per New Player Member at the 2012 awards banquet provided:

1. The referring Member is the first Member to refer the New Player Member. BYFF has the sole and exclusive rights to determine first referral in the event of a conflict or duplicate submission.
2. The New Player Member completes the season (BYFF, at its sole discretion, may offer rebates for recruitment of a New Player Member that did not complete the season due to health reasons), and;
3. The New Player Member was not deemed by the BYFF to be a Player Member at any time during the past two (2) years.

**How will Rebates be Paid?**

Referral rebates will be paid, at the annual awards banquet only and only to the Member identified and acknowledged by BYFF executive as the Referring Member and only for referrals completed during the period in which the Referral Program is in effect as deemed by the BYFF Executive and only to Referring Members who are good standing with BYFF and with all Membership Fees paid in full.

**Brantford Youth Flag Football Association ("BYFF")  
PARTICIPATION AGREEMENT**

By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**IN CONSIDERATION** of allowing my minor child/ward to participate in the programs, activities and events of BYFF, **I ASSURE TO YOU THAT:**

1. I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities and events of BYFF.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to flag football. The risks and hazards include, but are not limited to injuries from:
  - a. Executing strenuous and demanding physical techniques in flag football;
  - b. Grass, turf and other surfaces including bacterial infections and rashes;
  - c. Falls to the ground due to uneven or irregular terrain or surfaces;
  - d. Collisions with walls and football equipment;
  - e. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
  - f. Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
  - g. Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
  - h. Vigorous physical exertion and strenuous cardiovascular workouts;
  - i. Exerting and stretching various muscle groups; and
  - j. Travel to and from events which are an integral part of the organization's activities.
4. Furthermore, I am aware that my child/ward may:
  - a. As in any sport, sustain injuries in flag football that can be severe, cause spinal cord injuries and even be fatal;
  - b. Experience anxiety while challenging himself/herself during the activities, events and programs;
  - c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
  - d. Risk of injury is reduced if he/she follows all rules established for participation; and
  - e. Risk of injury increases as he/she become fatigued.

**I UNDERSTAND AND AGREE**, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

1. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
2. I agree that there are risks in flag football as described above and my child/ward will be exposed to these risks and hazards.
3. I agree to **accept all these risks and hazards** and be responsible for any injury or other loss which my minor child/ward might receive while participating in these events, activities and programs.
4. If something happens to my child/ward, I **release** the Organizers of responsibility for any claims, demands, actions and costs which might arise out of my child/ward's participation. I understand "Organizers" to mean: BYFF and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives.

**Accident Insurance**

Executing this agreement will not preclude you from accident insurance coverage, subject to the terms and conditions of BYFF's insurance policy.

**I ACKNOWLEDGE MAKING THIS AGREEMENT**

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date