



SWAN VALLEY YOUTH FOOTBALL

Continuing the Tradition of Excellence since 1992 www.svyf.org
Registration - Fall 2024 Season (deadline to register player(s) is May 31, 2024)



*John Wunderle, President * Tom Isom, Vice President * George Garcia, Treasurer * Garrett Lange, Secretary * Jason Grandy, Equipment Manager *

Player's name _____ Address _____

Father's name _____ Address _____ Phone # _____

Mother's name _____ Address _____ Phone # _____

DOB _____ Age (as of Sept 1) _____ Player's height _____ Player's weight _____

School attending _____ Grade (2024-2025) _____ Football experience _____ years

Email address _____ T-shirt size _____

(best way to stay in contact with current league activities)

(please specify adult or youth)

Primary phone # _____

This phone # will receive an invite to be added to the grade level specific app for all team communications. Each team uses an app that will be used in the event of cancellations, schedule changes, messages from coaches, team mom's etc.

TACKLE registration \$100

*Tackle registration DOES NOT INCLUDE JERSEY PRICE which is approx \$60 and is due at uniform fitting held early summer

*Replacement jerseys for any reason (lost, injury, etc) will be at the expense of the player. Cost for replacement is approx \$150 due to being separate from initial order and additional rush fees may apply.



FLAG registration \$40

*Flag registration includes T-shirt



I, the parent or guardian of _____, agree to return all equipment issued to the player by Swan Valley Youth Football on the date, time, and location designated by staff following the conclusion of the season. I also agree to pay a fee of \$20 if said equipment is returned late. I further agree that if the equipment is not returned within (30) days after the conclusion of the season, I will be required to pay Swan Valley Youth Football a sum of \$250 on demand to replace said equipment. **Parent or Guardian** _____

I give permission for any and all medical attention necessary to be administered to my child _____ in the event of an accident, injury, sickness, etc., under the direction of the Swan Valley Youth Football program until such time as I may be contacted. This release is effective for the time during which my child is participating in the Swan Valley Youth Football League program for the 2024 season, including traveling to or from any practice, game, or event. I also hereby assume the financial responsibility of any such medical treatment. **Parent or Guardian** _____

In case I cannot be reached in the event of any emergency, either of the following people are designated:

Name _____ Phone # _____

Name _____ Phone # _____

Health insurance provider _____ Policy # _____

Primary Care Doctor _____ Phone # _____

Medical conditions _____

For SVYF staff only:

Date received _____ Paid _____ Check # _____ Cash _____