

# ATLANTA COLT YOUTH ASSOCIATION

## 2010 LATE REGISTRATION

Regular Registration Ended May 31, 2010



### Cheerleading Registration

Grade as of August 31, 2010

- Non-Travel, Intra-League Cheerleading (K to 4<sup>th</sup> graders) **\$235** (includes uniform package)
- Travel, Colt Cheerleading (4<sup>th</sup> to 7<sup>th</sup> graders) **\$275** (Fee includes partial uniform package. New Colt cheerleaders will be required to purchase the remainder of the package for an additional \$125.)

Practice Uniform Sizes (items run small)

T-shirt: YS YM YL YXL AS AM AL AXL

Shorts: YS YM YL YXL AS AM AL AXL

Cheerleaders must be fitted for their uniform at the park. An email announcement will go out with dates and time.

### Football Registration

Grade as of August 31, 2010

- Flag (K to 1<sup>st</sup> graders) **\$100**
- Tackle Football (1<sup>st</sup> to 7<sup>th</sup> graders) **\$365**
- Interested in playing for the Atlanta Colts travel team (4<sup>th</sup> to 7<sup>th</sup> graders, by invitation only)

Approx Height: \_\_\_\_\_ Approx Weight: \_\_\_\_\_

T-shirt Size: YS YM YL YXL AS AM AL AXL

Previous Positions/Tackle Football Experience:

- Played at ACYA. Team: \_\_\_\_\_
- Played at another park. Position: \_\_\_\_\_
- Has not played in a football league

### Participant Information

Name (goes by)			School and Grade (Fall 2010)		
Home Address			Home Phone		DOB
City	County	Zip	<b>Primary E-Mail (receives ACYA Announcements)</b>		

Medical Notes or Comments

### Parent/Guardian Information

Mom/Female Guardian		Dad/Male Guardian	
Home Phone (if different from above)		Home Phone (if different from above)	
Cell or Work Phone		Cell or Work Phone	
E-mail		E-mail	

### Volunteer Interest

I understand that ACYA is maintained and operated 100% by VOLUNTEERS. As a parent/guardian of a child in the program, I (or my spouse on my behalf) agree to contribute a reasonable amount of time, effort and/or talent to the betterment of the program. I recognize that there are many ways I can make a meaningful contribution. Furthermore, I understand that ACYA reserves the right to withhold the issuance of uniforms until all needed positions have been filled.

If you have a preference, select your area of interest in a VOLUNTEER position. (*Your selection does NOT automatically commit you to the position.*)

- |   |  |
|---|--|
| <input type="checkbox"/> Football Coach           | <input type="checkbox"/> Cheer Coach — circle one: Intra-League or Colts           |
| <input type="checkbox"/> Assistant Football Coach | <input type="checkbox"/> Assistant Cheer Coach — circle one: Intra-League or Colts |
| <input type="checkbox"/> Women's Auxiliary        | <input type="checkbox"/> Sponsorship or Fundraising                                |

**MORE**

## 2010 CODE OF CONDUCT

- 1) I agree to encourage an environment that is positive, supportive, and healthy--both physically and mentally--while participants learn the sport of football/cheerleading.
- 2) I agree that it is a privilege, not a right, for my child to participate with the Atlanta Colt Youth Association.
- 3) I agree that a parent, guardian, or care giver will stay at the park with my child during all practices and games.
- 4) I agree to encourage sportsmanship and fair play, which are essential to all sports and activities.
- 5) I agree that because children learn by example, parents, coaches, and volunteers need to exemplify the highest level of conduct, sportsmanship, and fair play. Personal conduct at games, practices, and other team events must be above reproach and represent the highest standards of morality and sportsmanship.
- 6) I agree to support the coaches and referees. I agree to refrain from directing any abusive or profane language toward the coaches, players, officials, or anyone associated with ACYA. I also agree to communicate any constructive criticism in a private, non-confrontational manner.
- 7) I agree to not instigate or participate in any confrontations in front of the children. Disagreements will be handled calmly in the absence of the children.
- 8) I agree to refrain from alcohol consumption or tobacco use during practices or games.
- 9) I agree that the overall objective is to provide a fun, sports oriented experience for our children.
- 10) I acknowledge any violation of the Code of Conduct may result in removal from the park and termination of my child's participation in the program.

### LIABILITY

By completing and submitting this form, I, being the parent/guardian of the child named in this form, do hereby consent to his/her participation in any and all ATLANTA COLT YOUTH ASSOCIATION activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the ATLANTA COLT YOUTH ASSOCIATION, directors, volunteers, sponsors, organizers, supervisors, participants and persons transporting my child to or from activities for any claim arising out of an injury to my child, except to the extent and in the amount covered by accident insurance or liability insurance.

### MEDICAL RELEASE

I convey the authority to the ATLANTA COLTS YOUTH ASSOCIATION to obtain medical attention for my child in my absence should the need arise. I understand that I am liable for the expense of such medical assistance; and that, the ACYA provides only supplemental insurance.

### EQUIPMENT (FOOTBALL)

I agree to accept the responsibility for the care of uniforms and equipment furnished to my child and will return everything in satisfactory condition, normal wear and tear excepted, to ACYA immediately following my child's final game.

### PHOTOGRAPHY

I understand that photos may be taken and used for promotional purposes.

### Payment Information: Check, Money Order, Visa or MasterCard Accepted

Check Amount \$ \_\_\_\_\_ Check or MO # \_\_\_\_\_ CASH \$ Do not send cash through the mail. \_\_\_\_\_ Amount Charged \$ \_\_\_\_\_

Name on card (print) \_\_\_\_\_ Security Code (3 digits) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Email Address: \_\_\_\_\_ Zip Code on Statement \_\_\_\_\_

**CREDIT CARD NUMBER**

Received By: \_\_\_\_\_ Received Date: \_\_\_\_\_ Received How: MAIL ACYA MCLL OTHER Confirm ##: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby agree to the above terms and conditions. Failure to adhere can result in disassociation from ACYA with no refund of fees.*

**Printed Name of Parent or Guardian:**

**Signature of Parent or Guardian:**

**Date:**

**Printed Name of Participant:**

Mail completed application (2 pgs) and payment to ACYA, Suite 419, 3522 Ashford-Dunwoody Rd, Atlanta, GA, 30319