

2009 Fall Pop Warner Registration Form

T C Youth Football Association ~ P.O. Box 1959 ~ Traverse City, MI 49685
(231) 632-3200 www.tcyouthfootball.org

New Rates for '09
Season Fee's:
\$80 - 4/13 thru 6/13
\$125 - after 6/14
\$150 - after 7/14
Family rates: '09
\$130 - thru 6/13
\$180 - after 6/14
\$230 - after 7/14



Two divisions of play offered:

(Must be 8 years old as of August 1, 2009 and meet weight requirement)

8-10 yrs old / 60-105 lbs. older/lighter *11 yrs old / 60-85 lbs.

10-12 yrs old / 85-135 lbs. older/lighter *13 yrs old / 85-115 lbs.



Affiliate of the
Grand
Traverse
Bay YMCA

Player's Name: _____ Birth date: ___/___/___ Gender: ___ Boy ___ Girl

Home Address: _____ Zip: _____

Mailing Address: _____ Zip: _____
(if different from the Home Address)

Parent (s)/Guardian(s): _____

Day time phone #: _____ Night time phone #: _____ Cell Phone #: _____

E-mail address: _____

Any Physical Limits/Allergies? ___ No / ___ Yes > Please List: _____

Health/Accident Insurance Plan / Name (to be used in emergencies): _____

Parent/guardian must read and sign the release and sportsmanship pledge below,
for child to be eligible to participate in YMCA Pop Warner Football.

Liability and photo release: I hereby assume all risks to above child/parent participation and waive release, absolve, indemnify and agree to hold harmless the YMCA, TCYFA, Pop Warner, HLA, associations, sponsors, volunteers, and other participants for any claim arising out of injury to said people during participation. Permission is also granted to use pictures taken during participation in this program.

Sportsmanship pledge: I will at all times display the YMCA values of caring, honesty, respect and responsibility and encourage the efforts of all players, coaches, officials, in a positive manner. I understand the YMCA mission and its relationship to this program. We build strong kids, strong families, and strong communities.

> Student Signature: _____ Date: _____

> Parent Signature: _____ Date: _____

Residency: Circle the School zone in which the player lives, AND/OR attends school.

EAST > East Middle School Bertha Vos Cherry Knoll Courtade Eastern Glen Loomis Old Mission Traverse Heights
Private/Other > Home School Holy Angels SES IC Living God GT Academy TC Christian Trinity Luth Other
WEST > West Middle School Blair Interlochen Central Grade Long Lake Norris Silver Lake Westwood Willow Hill

SPECIAL REQUESTS FOR TEAM PLACEMENTS WILL NOT BE GRANTED.

Name of Last Years Team _____ Request to be on a different team this season ___ yes ___ no

Players weight _____ (min./max. - see chart above) Players height _____ Years of playing experience _____

Circle player's age as of August 1, 2009: 8 yrs 9 yrs 10 yrs 11 yrs 12 yrs 13 yrs*

Registration fee's (noted above) payable to: TCYFA, PO Box 1959, Traverse City, MI 49685-1959

Amount enclosed \$ _____ (circle one): Check # _____ or Cash

Scholarships available - call 632-3200

Volunteering Opportunities for Parents

All parents are *needed* to help coach, be assistants, referees, sponsor teams, or just help out. Please indicate how you are willing to help you child's team. ___ **Head Coach** ___ **Assistant Coach** ___ **Sponsor**

(This is not a TCAPS sponsored activity.)