



## 2023 SPRING FLAG REGISTRATION

PARTICIPANT NAME: \_\_\_\_\_  
First Last

DATE OF BIRTH: \_\_\_\_\_ GENDER: MALE / FEMALE

AGE: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_  
First Last

ADDRESS: \_\_\_\_\_  
Street City State/Zip

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
Name/Relation/Contact Number

PLEASE CIRCLE SELECTION

**JERSEY/TOP SIZE:**      **YXS**      **YS**      **YM**      **YL**      **YXL**  
   **AS**      **AM**      **AL**      **AXL**

**SHORTS/SKIRT SIZE:**      **YXS**      **YS**      **YM**      **YL**      **YXL**  
   **AS**      **AM**      **AL**      **AXL**



## 2023 PARTICIPANT/PARENT CODE OF CONDUCT

### PLAYER:

- I am accountable for the results of my behavior towards my teammates, coaches, and game officials.
- I will respect my teammates, opponents, coaches, and officials at all times.
- I will honor the sport by playing within the rules and not use any foul language or inappropriate gestures.
- I agree to put forth my best effort on and off the field.

### PARENT:

- I agree to support our team in a positive manner and showcase good sportsmanship.
- I will respect the coaches and not interfere with on field instruction during practices or games.
- I will address my concerns with the coach in a private and positive manner.
- I will cheer for our team in a positive manner regardless of the outcome of the game.

**By signing this agreement, I will honor the Participant/Parent Code of Conduct and will accept any disciplinary action that may come from violating these policies.**

\_\_\_\_\_  
**Parent Name (Printed)**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Participant Name (Printed)**

\_\_\_\_\_  
**Date**

## 2023 PHOTO/ VIDEO RECORDING CONSENT

I, \_\_\_\_\_, hereby give my consent to all photographs and video recording of my minor child \_\_\_\_\_, by Saint Cloud Youth Football while participating in the 2023 Spring Flag Season. I understand that any such photographs and/ or video recordings may be used for any promotional purposes determined by the league on all media formats existing or created in the future. The promotional purposes include but are not limited to advertising, publications, presentations, and/or fundraising.

I understand that I may revoke this consent at any time by notifying Saint Cloud Youth Football in writing at [president.scyf@gmail.com](mailto:president.scyf@gmail.com). At that time, all publications will cease immediately. The revocation will not affect any publications taken before the receipt of the written notification.

\_\_\_\_\_

Child's Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Name (Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_