



Stephen Braggs Youth Foundation
 2101 South Lakeline Blvd. Suite 933
 Cedar Park, Texas 78613
 www.prostrategiesfootball.com
 512-903-7538



2012 Spring Registration Form

Football Registration Fees

\$145

Season Begins March-May

Multiple Siblings Discount \$20

Returning Player Discounts

Rental Equipment \$70

Returning Team Discounts

1. Players submitting Registration Forms will be matched with teams in their living area.
2. Make checks payable to Stephen Braggs Youth Foundation Inc. 501c3 non-profit.
3. Registration form must be accompanied by check or Credit Card (**Pay online at www.prostrategiesfootball.com**)

Player Information – print legibly

Players Last Name: _____ First Name: _____ DOB: _____ Gender _____
 Street Address _____ Home Phone _____ Cell _____
 City/State/Zip _____ Email: _____
 Fall 2011 Grade: _____ Fall 2011 School _____ Desired Position _____
 Age as of 8/1/2011 _____ New or Returning player? _____ 2011 Season Coach _____
 Total years played in a Spring League? _____ Team? _____ Est. Weight (Football only) _____

Parent/Guardian Emergency Contact Information (please be complete as possible)

Parent / Guardian 1		Parent / Guardian 2	
Full Name		Full Name	
Relationship to Player		Relationship to Player	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	

Medical Information

Physician / Family Doctor	
Doctor's Phone	
Insurance Carrier	
Policy Number	
Medical History (Allergies, etc...)	

IMPORTANT NOTE: If the player is under medical care or is on prescribed medication, a note from his/her physician is required.

Parent Permission

No Refunds once assigned to team. Equipment will be issued when full registration payment is received. Players will not be allowed to participate in the Stephen Braggs Youth Foundation Inc. program if payment is not paid in full. Fees include game Jersey, player insurance; referee Fees, football field practice and Game rental fees, trophies. Jerseys will be provided to youth after season. Participant must provide own Helmet, Shoulder Pads and Shoes and Mouth Piece and practice jersey and practice/game pants. Parents agree to pay the cost of any lost equipment issued to my child by SBYF.

Medication Authorization – Grant of Consent. I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at any responsible accessible hospital.

Liability Waiver: AS the parent (or legal guardian) of the above named minor, I grant permission for the minor to participate in all activities of the sports program. I assume all risk and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against Stephen Braggs Youth Foundation Inc. DBA All Pro Strategies Spring Tackle League, Sponsors, volunteers, agents, facilities rented and other participants.

Signature of Parent / Guardian _____ Print Name _____ Date _____

Date:	Check No.	Amount Paid	CC#	Type	Exp.
-------	-----------	-------------	-----	------	------

SBYF offers Mentor Programs, Youth Sponsor Grants, Educational Tutorials, Owned/Operated by NFL Alumni.