



West Tampa



Spartans

****2018 Football & Cheerleading Season****

“49 years of Dedication, Devotion, & Determination”

Be part of Tradition & Family

Be a Winner

Be a SPARTAN

www.westtampaspartans.com

Follow us on Facebook West Tampa Spartans for immediate updates

Registration: (Tackle Teams) \$125.00 (nonrefundable)

(Flag Football) \$100.00 (nonrefundable)

(All Cheer) \$125.00 (will have other expenses)

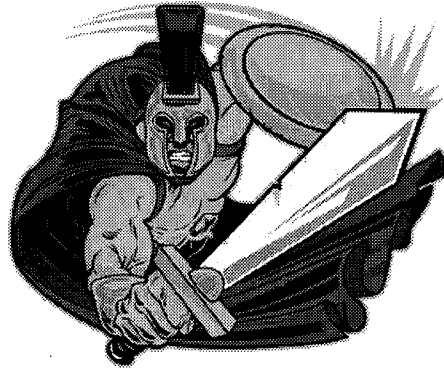
****Birth Certificates for all NEW SPARTANS will be needed****

Ages 4-14 yrs.

**For more information please contact: Mr. Darren Heyward @ 813-361-5360 or
Ms. Nikki Coley 813-624-3675.**

“Our mission is to teach and be taught, to try our best; we must multiply our strengths as we shall NEVER accept failure.”

West Tampa



Spartans

Ages and Weights

Flag: 4,5,& 6 – Unlimited Weight

Pee Wee: 7 & 8 – 115 lbs

Super Midget: 9 & 10 – 135 lbs

Midget: 11 & 12 – Unlimited Weight

Varsity: 13, 14 – Unlimited Weight

***** All Tackle Parents will need to provide their child with practice pants, girdle, and cleats*****

***** Practice times will be 6:15pm to 8:15pm Monday, Tuesday, and Thursday*****

NEW
(Staple copy of Birth Certificate
to back of original form)

PLAYER



CHEERLEADER

TRANSFER
(Attach signed release form)
Transfer from: _____

RETURNEE

TAMPA BAY YOUTH FOOTBALL LEAGUE INC. REGISTRATION FORM

Team/Organization Name: _____

Player

Date of Birth _____

Player age @ 7/31 _____

Cheerleader

Date of Birth _____

Cheerleader age @ 9/1 _____

Move-UP

Division: Mighty Mite/Flag

Pee Wee

Super Midget

Midget

Varsity

Please print legibly on this form

PARTICIPANT INFORMATION:

LAST NAME _____

FIRST NAME _____

Childs Nickname _____

ADDRESS _____

EMERGENCY PHONE # _____

CITY _____

ZIP _____

Parent/Guardian(s) are encouraged to watch online Concussion Video

AND Infomed Consent form must be signed by Parent /Guardian and Participant

<http://www.cdc.gov/concussion/HeadsUp/Training/>

PARENT/GUARDIAN INFORMATION:

GUARDIAN #1

LAST NAME _____

FIRST NAME _____

ADDRESS _____
(If different than child)

CITY _____ ZIP _____

CONTACT PHONE # _____

E-MAIL ADDRESS _____

RELATIONSHIP TO CHILD _____

GUARDIAN #2

LAST NAME _____

FIRST NAME _____

ADDRESS _____
(If different than child)

CITY _____ ZIP _____

CONTACT PHONE# _____

E-MAIL ADDRESS _____

RELATIONSHIP TO CHILD _____

FAMILY MEDICAL INSURANCE:

Do you have primary insurance coverage for above child ?

YES

NO

Medical Conditions: _____

Allergies: (list all allergies) _____

IMAGE RELEASE

In consideration of the minor child/ward indicated above, being allowed to participate in any way in the TBYFL Football/Cheerleading Program, related to events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the sports program.

I HAVE READ & AGREE TO ABIDE BY THE TERMS OUTLINED ABOVE AND ON THE REVERSE SIDE OF THIS FORM

Signature Witnessed By

Date

Guardian - Signature

Guardian - Print Name

Date

Department of Parks, Recreation and Conservation
Hillsborough County, Florida
**YOUTH SPORTS PARTICIPATION
MEDICAL RELEASE FORM**

Please read carefully and sign either Part I or Part II

PART I

The undersigned, as parent or legal guardian of (print name of name)

_____ hereby consents to the following in the event (print name of name)

_____ is injured during his or her participation in youth sports:
Agents or officials of the youth organization in which (print name of name)

_____ participates may administer first aid or arrange for transportation to a medical facility if the agent or official deems there to be an emergency. At that time medical treatment may be given to (print name of name) included but not limited to anesthesia and emergency surgical treatment as deemed necessary by a qualified physician at the medical facility.

No action shall be taken until attempt is made to contact me at the phone number(s) listed below

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent or Guardian Parent or Guardian Name: _____

Parent or Guardian Parent or Guardian Name Signature: _____

(STATE OF FLORIDA) The foregoing instrument was acknowledge be me on this _____ day of _____, 200 _____

(COUNTY OF HILLSBOROUGH) _____ (name of parent/guardian) who is personally known to me or who has produced Drivers License # _____ as identification and who (did) or (did not) make an oath.

PART II

The undersigned, as parent or legal guardian of (print name of name)

_____ I do not desire to sign the medical and release form above.

Parent or Guardian Parent or Guardian Name _____

Parent or Guardian Parent or Guardian Signature _____

PLEASE NOTE: If Part I is not signed, the child will not be allowed to participate



Tampa Bay Youth Football League Informed Consent about Concussions and Head Injuries

Effective July 1st, 2012 Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent

that explains the nature and risk of concussion and head injury, each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The Facts:

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without the loss of consciousness.
- Concussions can occur in any sport.
- Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. a concussion is caused by a blow to the head or body which causes the brain to move rapidly inside the skull. Even a "Ding", "Getting your bell rung", or what seems like a

mild bump or blow to the head can be serious. Concussions can also result from a fall or players colliding with each other or obstacles, such as a goal post, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following signs in your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head. -and-
2. any change in the athlete's behavior, thinking, or physical functioning.

Signs and symptoms of concussion that may be reported by a coach or other observer:

- appears dazed or stunned.
- Is confused about assignment or position.
- Forgets sports plays.
- Is unsure of game, score, or opponent.
- Moves clumsily.
- answers questions slowly.
- Loses consciousness (even briefly)
- Can't recall events prior to hit or fall.

Signs and symptoms that may be reported by the player:

- Headache or pressure in the head.
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light.
- Sensitivity to noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Concentration or memory problems.
- Confusion.
- Does not feel right.

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training at <http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>

Under Florida law the player who is suspected of having a concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating the athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health care professional (AHCP) is defined as either licensed physician (MD as per Chapter 458, Florida Statutes) a licensed physician's assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or a health care professional trained in the management of concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name:

Signature: _____ Date: _____

As parent or guardian, I have read and understand this consent form and give permission for my child named above to participate.

Parent/Legal Guardian Name: _____

Signature: _____ Date: _____

[Print Form](#)

PARENTS CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents Code of Ethics:

All parents and players are required to read and sign the code of ethics for Football and Cheerleading. Any player or parent not complying with the code of ethics could be suspended for the remainder of the season with No Refunds given.

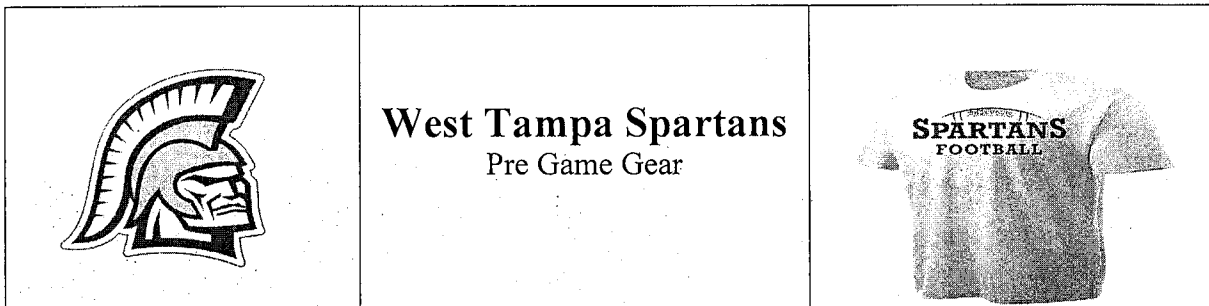
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.
- I will not yell or degrade my team or the other team's players, coaches, fans or officials.
- I will place the emotional and physical well being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will insist that my child's coach abide by the All Play Rule to give all players the opportunity to participate.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will support my coaching staff by attending all games and practices and by picking my child up on time at all events.
- Refrain from the use of profanity, vulgarity and other offensive language and gestures.
- I agree and understand that not abiding by these basic rules may restrict me from attending future games and practices.
- **I will remember that the game is for youth – not adults.**
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

Parent/Guardian Signature Parent/Guardian Signature

Player Code of Ethics

- I will encourage good sportsmanship by demonstrating positive attitude and respect for all players, coaches, and officials at every game, practice or other youth sports event.
- I will not yell or degrade my teammates or the other team's players, coaches, fans or officials.
- I will place the sportsmanship ahead of my personal desire to win.
- I will insist that I play in a safe and healthy environment.
- Refrain from the use of profanity, vulgarity and other offensive language and gestures, before, during and after a game or competition.
- I understand that breaking any of the rules may cause me to forfeit my player status for the remainder of the season.
- I will support coaches and officials working with me, in order to encourage a positive and enjoyable experience for all.
- I will support my coaching staff by trying to attend all games and practices.
- I will demand a sports environment free from drugs, tobacco and alcohol and will refrain from them.
- I will remember that the game is for me and not my coach, parents or other adults.
- I will do my very best to make my youth sports experience FUN!!.
- I will treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I understand that if I do not conduct myself in a positive and supportive manner that I will be held accountable under the Conduct Rules and Regulation outlined in the league manual.

Players Name/Please Print Date



Please return to head coach ASAP

Pre-Game Shirt

YOUTH	S	M	L	XL			
ADULT	S	M	L	XL	2XL	3XL	

Pre-Game Shorts

YOUTH	S	M	L	XL			
ADULT	S	M	L	XL	2XL	3XL	

Player Name: _____

Players Team Division: Flag Pee Wee Super Midgets Midgets Varsity

Parent/Guardian: _____

Coaches please fill in below:

Players Jersey Number: _____