



Parent/Guardian AND Participant Code of Conduct

As an athlete/parent I understand it is my responsibility:

1. Place academic achievement as a high priority.
2. Respect teammates, opponents, officials, judges and coaches at all times, on and off the field.
3. Respect the integrity and judgment of game/competition officials/judges before, during and after the game/competition.
4. To exhibit fair play, sponsorship and proper conduct at all times.
5. To refrain from the use of profanity, vulgarity and offensive gestures before, during and after the game/competition and at practices.
6. To adhere to established rules and standards for the sport I am involved with including:
 - a. Complete set of Official rules of Tucson Youth Football & Spirit Federation
 - b. AIA Rulebook
 - c. NFHS Spirit Rulebook
 - d. Any other application published rulebook and/or manual.
7. To respect all equipment and uniforms issued and to return same in good condition, normal wear and tear excluded.
8. Refrain from using alcohol, tobacco, illegal and non-prescription drugs and anabolic steroids.
9. Be aware of and follow all applicable rules and regulations as they pertain to eligibility and sport participation.
10. No individual may enter the practice or playing fields without the proper credentials. Per TYFSF policy you will be subject to ejection from the facility if you do. In case of player injury or emergency, please go to the player gate and ask for assistance.
11. WIN WITH CHARACTER, LOSE WITH DIGNITY

If your actions call for action by the Vikings staff or law enforcement involvement you may be:

1. Suspended from attending games/practices (parent/guardian).
2. Suspended from playing in a specified number of games/competitions (athlete).
3. Expelled from participation in the Federation, AYF and any association.
4. Recommended for prosecution to the city or county court system.

I acknowledge that a violation of the above is immediate justification and grounds for removal from the program, subject to due process procedures.

Parent/Guardian AND Participant Acknowledgments

1. I am responsible for my participation in the yearly Vail Vikings "association fund-raiser" participant/player fund raising cost of \$120.00. This is a per participant fundraising obligation of \$120.00, with the option to buy out. This amount covers TYFSF assessment fees, insurance, equipment, field usage, lights, etc. I also understand that if I don't meet that obligation, I or my participant MAY NOT be eligible to play/participate for the Vail Vikings. The \$120 is per participant and covers both The Federation (TYFSF) and The Vail Vikings Association commitment for the entire season. We, The Vail Vikings Association make every effort to keep our registration fees low, and are only able to do so because we offer this one time \$120 fundraising opportunity. This is key for us to continue to provide the best quality equipment and facilities for our youth of The Vail Vikings.

2. Each athlete's family is required to sign up for 4 hours throughout the year, at least 2 of those hours need to be on a Saturday when we have a home game. Be sure to list the team you are a part of on the sign up. Hours can also be earned by being a spotter, downs marker or chain gang at a game. The games will only be counted as 1 hour towards your volunteer time regardless of the length of the game. All 4 hours must be completed to receive your \$75 volunteer check back

Print Parent/Guardian Name

Parent/Guardian Signature

Print Athlete Name

Athlete Signature

Print Association Witness

Association Witness Signature

Player Name: _____

Team: F



Vail Vikings Youth Football & Spirit

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Vail Vikings to make a one-time debit to your credit card listed below in the event that your volunteer hours are not met, equipment is not turned in and/or you are not present when using your card. **Please note any credit card charges are subject to a 3% fee, in addition to the amount shown below.**

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Volunteer Deposit \$75 - I understand I must complete my families required _____
4 hours of volunteer time (Min 2 on game Saturdays) by Oct. 31st. Initials

Equipment Deposit \$200 – I understand that if all equipment loaned to me by _____
The Vail Vikings is not returned by Nov. 30th I may forfeit my deposit. In addition Initials
any lost or damaged equipment may be taken out of this deposit.

Participant Name: _____ Team: _____

Please complete the information below:

I _____ (full name) authorize Vail Vikings to charge my credit card
account indicated below for deposits on or after the dates indicated on front side.

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV Number _____ Postal Code _____

ACCOUNT TYPE: Visa MasterCard AMEX Discover

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

NO CHARGES WILL BE MADE AT THIS TIME!

Payment Detail

Date: _____

Parent(s) Name(s): _____

Phone number: _____

Email address: _____

Initial Payment: _____

Payment Plan Details if required: _____

Do you want to authorize the Vail Vikings to charge the card on file on the dates provided? _____

Signature: _____

Minimum payment of 50.00 is required. All payments must be made no later than July 31, 2019. Payments can be made by cash or credit card.

For Office Use Only:

Date(s) of next payment(s): _____

Payment Method: _____

Date fully paid on: _____