

PARENT PARTICIPATION FORM

Parent participation is the key to a good program. Without your help as a parent the Napa Saints could not exist. Our board members and coaches are all volunteers and any amount of help you may give would be greatly appreciated. Each family is responsible to volunteer as followed:

- 1 CHILD = 5/ 2HR SHIFTS * WAIVE HOURS FOR \$200
- 2 CHILDREN = 8/ 2 HR SHIFTS * WAIVE HOURS FOR \$225
- 3 OR MORE CHILDREN 10 /2 HR SHIFTS * WAIVE HOURS FOR \$250

Sometime during the month of August a parent participation member will contact you on how to schedule your time. By filling out this form we will have a better understanding of what you would be interested in doing to complete your Parent Participation.

The following is a list of areas we need help. Snack Bar, BBQ, and Gate jobs are scheduled for the game before yours. Please remember your child has to be at the field two hours prior to their game, so if you volunteer before your child's game you will not miss them play.

Please check the boxes with the jobs you may be interested in scheduling with our parent participation team.

- Snack Bar - (stocking, preparing food, taking orders etc.)
- BBQ – (cook hot dogs, hamburgers etc.)
- Spotter - (helps announcer with jersey #'s and names)
- Clock - (run score board and keep time with the help of referee signs MUST PAY CLOSE ATTENTION and have a good understanding of the game of football.)
- Chain gang - (marks the 1st down yards) Home and Away games
- PAR/MPR – (makes sure opposing team plays all players according to NBYFC PAR rules) Home and Away games
- Boosters – (selling T-shirts, sweatshirts, hats etc.)
- Gate - (collects gate fees during game.)
- Field set up – This is a 7am job to get the field ready for games.
- Team Mom - (Assisting Coaches with emails, coach's gifts, Liaison to the board and parent participation execution and reminders etc.)

Your participant is a: Football Player or Cheerleader

Does your participant have a sibling/s? No []

Yes [] Names: _____

E-Mail Address: _____

Name _____ Participant's Name _____ Level: _____

Home # _____ Cell# _____

For NYF use only _____

Paid to waive hours: \$ _____ Payment Type: _____