

Community Youth Football League Player / Cheerleader Registration Form

Name of Organization: _____

Season **2019**

Participant Information	Name (Last, First Middle)		Attach Recent Photo Here
	Address		
	City / Town	Zip	
	Phone		
	Age (as of 11/30)	Date of Birth	
	Grade (as of Sept.2019) _____		
	Male	Female	Weight _____ (Players only)
School District of participant: _____			
Player		Cheerleader	
Elite		Senior	
Participated Last Year		Yes	No
		Flag	PeeWee

Participants Pledge

I will

- Promise not to deface equipment, property, etc.
- Promise not to use profane language.
- Promise to promote good sportsmanship.
- Promise to uphold the coach's and any other official's orders or decisions.
- Promise to maintain at least a "C" grade while in in school
- Promise not to use illegal drugs or alcohol.

Parent / Guardian Permission To Participate

I understand by signing this contract, I agree to and will abide by the rules of the Community Youth Football League and it's affiliated towns and give permission to my child to participate in all activities associated with this program. I also will explain the participants pledge to my child.

Parent/Guardian Signature Date Email:

Parent/ Guardian Authorization for Medical Treatment

I, the undersigned, do hereby authorize officials of the Community Youth Football League Program to contact directly the persons named on this contract form and authorize an attending physician(s) to render such treatments may be deemed necessary in a emergency, for heath of said child.

Print Name of Parent/Guardian Relationship

Required Signature of Parent/Guardian Date

Medical Coverage Information

Name of Medical Insurance Plan: _____

Contract / Group Number: _____

ALL REGISTRATION FEES ARE NON-REFUNDABLE AND ARE CONSIDERED A DONATION TO THE LOCAL PROGRAM.