



Player Registration Form

<u>Required Documents</u>
___ Participant Code of Conduct
___ Parent Code of Conduct
___ Registration Fee \$50

Student Athlete's LAST NAME		FIRST NAME		T-SHIRT SIZE	
MAILING ADDRESS			CITY		
PHYSICAL ADDRESS				STATE	ZIP
HOME PHONE		BIRTH DATE		AGE AS OF 8/17/Current Year	GRADE
EMERGENCY CONTACT		RELATION		PHONE (cell)	PHONE (home)
FATHER/GUARDIAN		<input type="radio"/> Primary Contact		MOTHER/GUARDIAN	
NAME		NAME		<input type="radio"/> Primary Contact	
ADDRESS (if different)			ADDRESS (if different)		
CITY, ZIP			CITY, ZIP		
PHONE			PHONE		
BUS PH		CELL		BUS PH	
				CELL	
E-MAIL (mandatory) PLEASE PRINT VERY CLEARLY			E-MAIL (mandatory) PLEASE PRINT VERY CLEARLY		

PARENTAL CONSENT: PLEASE READ AND SIGN: APPLICATION MUST HAVE AT LEAST ONE PARENT/GUARDIAN SIGNATURE
 I/WE, the Parents/Guardians of the above named candidate for a position on any of the BYFL Youth Football teams, hereby give MY/OUR approval to his/her participation in any and all BYFL Youth Football activities during the current year. I/WE assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/WE do hereby waive release, absolve, indemnify and agree to hold harmless the BYFL Youth Football League and its Associations, USA Football, the sponsors, supervisors, participants, employees, volunteers and persons transporting MY/OUR child to and from activities for any claim arising out of injury to MY/OUR child. I/WE and participant agree to abide by the BYFL Rules of Conduct. I/We give the BYFL Commissioner or his/her designee permission to verify our child's age if needed by the use of our child's school records. The BYFL reserves the right to refuse to accept ANYONE or to remove ANYONE from the program at anytime as the BYFL sees fit so as to preserve the safety, integrity and character of the BYFL and its' participants. All involved with the BYFL in any capacity must obey the Codes of Conduct as set forth by the BYFL whether they have received and or signed said code of conduct or not.

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to present or qualified personnel to render such medical treatment as said personnel deems necessary under the circumstances.

PARENT/PARTICIPANT RULES OF CONDUCT: I/WE and MY/OUR child agree to abide by the Rules of Conduct and understand the possible consequences of violating the Rules of Conduct. It IS possible my child may NOT be able to play this season, due to lack of registration in his/her age division. In that case all paid monies will be refunded if approved. ANY Approved refunds will be refunded at the end of the current season.

EQUIPMENT LIABILITY: Parent/Guardians are responsible for return of all equipment and uniforms, clean and in good condition. You, the Parent/Guardian will be responsible for reimbursement to the league for any cost of lost or excessively damaged equipment or uniforms.

Failure to return all issued equipment could result in criminal prosecution for Failure to Return Rental property.

PICTURES: I/WE give permission to have my child's picture on the BYFL web site, film or advertisement literature. Initial _____

I/WE have read the above and agree with and understand the policies set forth above.

ALL REGISTRATION FEES ARE NON-REFUNDABLE

X _____ X _____
 (Father/Legal Guardian Signature) (Date) (Mother/Legal Guardian Signature) (Date)