

Community Youth Football League Player / Cheerleader Registration Form

Name of Organization _____

Season **2009**

Participant Information	Name (Last, First Middle)	
	Address	
	City / Town	Zip
	Phone	
	Age (as of 12/1)	Date of Birth
	Grade (as of Sept. 09)	
	Male	Female

Attach
Recent Photo
Here

Weight _____
(Players only)

	Player Elite Participated Last Year	Cheerleader Senior Yes	Junior No	Flag
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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.
	_____ Participants Signature	_____ Date

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.
	_____ Parent/Guardian Signature Date

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