



Keystone Youth Football & Cheerleading League

REGISTRATION FORM FOR 2020

SMURF FOOTBALL (Age 5,6,7)
JV FOOTBALL (Age 8,9)
MID VARSITY FOOTBALL (Age 10, 11)
VARSITY FOOTBALL (Age 12, 13, 14)
AGES on September 1

SMURF CHEERLEADING (Age 5,6,7)
JV CHEERLEADING (Age 7,8,9)
MID VARSITY CHEERLEADING (Age 9,10,11)
VARSITY CHEERLEADING (Age 11,12,13,14)
AGES on September 1

PARTICIPANTS NAME: Have you played/cheered for any other KYFCL team? Yes No Who

STREET ADDRESS

TOWNSHIP/BOROUGH/COUNTY: CITY STATE: ZIP:

PHONE NUMBER E-MAIL

BIRTH DATE: AGE (on 9/1)

GRADE: SCHOOL: (As of 9/2020)

WEIGHT (FOOTBALL ONLY) SMURF; 80 max (81-unltd red striped); J.V. 105 max (106- unlt rs) ; Mid 130 ma (131 unlt rs) Var 165 max (166-unltd rs;)

CHEERLEADER PARTICIPATES ON OTHER TEAMS:

Mother's Name: Fathers Name:

Legal Guardian (if not parents):

Home Phone: Work Phone:

Emergency contact: Phone:

ALL PARTICIPANTS MUST PROVIDE COPY OF BIRTH CERTIFICATE AND OBTAIN A PHYSICAL BEFORE ANY PARTICIPATION MAY BEGIN

I/WE, do hereby give my / our approval and permission for the above named individual to participate in any and all activities of the... I/WE assume all risks, hazards and incidences to such participation including transportation to and from all activities. I/WE do hereby waive, release, absolve, indemnify and agree to hold harmless the... and the Keystone Youth Football League, Inc., the organizers, sponsors, participants, and persons transporting MY / OUR child to or from activities, for any claim arising out of any injury to MY/OUR child whether the results of negligence or for any other cause. I/WE give permission to the... to seek medical treatment for MY/OUR child in the event of an emergency. In the event of an injury that requires a physician's treatment I/WE agree that the participant MUST present to... a release from a physician to resume any physical activity.

For office use only: Paid by: Check # Cash

For office use only: On File Physical Birth Certificate

In the event of any emergency that would require transportation to a hospital the participant is to be transported to _____ or any local Hospital Emergency Care Unit and Physician to initiate preliminary studies such as x-rays and/or laboratory studies on MY/OUR child. It is understood that a representative from _____ has made every attempt to make contact with Parent/Guardian or Emergency Contact before transportation decision is made.

It is understood that I/WE are responsible for all equipment issued by _____. All equipment MUST be returned immediately upon resignation of participant or at the end of the season on the scheduled equipment return days. I/WE agree that all equipment is to be returned clean and in as good of as condition as when received, except for normal wear and tear. If equipment is not returned or is not in good condition it is understood that I/WE are responsible for the cost to replace the equipment in question.

I/WE acknowledge that I have read all the above and all information is correct and actual.

FATHER / GUARDIAN SIGNATURE

PHONE

MOTHER / GUARDIAN SIGNATURE

PHONE

INSURANCE COMPANY NAME

POLICY NUMBER

Please list health / physical disadvantages and any medications including the name and dosage, the child is presently taking:
