



FRIENDSWOOD YOUTH FOOTBALL ASSOCIATION 2011 REGISTRATION FORM - FOOTBALL



Player Information

| | | | | | | | | |
|--|--|---|------------------------------|---|-----------------------------|--|--------------------------------|--|
| Player's Name: | | | | | | | | |
| <small>Last</small> | | <small>First</small> | | <small>MI</small> | | | | |
| Address: | | | | | | | | |
| <small>Street or PO Box Number</small> | | <small>Subdivision</small> | | <small>City</small> | | <small>Zip Code</small> | | |
| Is Applicant A Returning FYFA Player? | | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | If Yes, Last Years Team | |
| Date of Birth: | | | | Age (as of 08/01/2011): | | | | |
| Weight: | | | | Height: | | | | |
| | | | | Grade (Fall 2011): | | | | |
| Jersey Number Preference: | | 1 st | | 2 nd | | 3 rd | | |
| Please List All Pertinent Medical Information, Physical Limitations, Restrictions, or Special Needs Below: | | | | | | | | |
| | | | | | | | | |
| <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> Current Player Photograph (Board Use Only) </div> | | | | | | | | |
| Player's Physician: | | | | | | | | |
| Physician Phone: | | | | | | | | |
| Division (√ one): | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| <small>(Age as of 08/01/11)</small> | | Flaggers <small>(5 - 6 Years)</small> | | Fresh. <small>(7 - 8 Years)</small> | | Soph. <small>(9 Years)</small> | | |
| | | | | Junior <small>(10 Years)</small> | | Senior <small>(11 - 12Years)</small> | | |

Parent/Guardian and Insurance Information

| | | | | | | | |
|---|--|--|--|--|--|--------------|--|
| Mother's Name: | | | | Mother's E-Mail: | | | |
| Home Phone: | | | | Mother's Cell: | | Work: | |
| Father's Name: | | | | Father's Email: | | | |
| Home Phone: | | | | Father's Cell: | | Work: | |
| Guardian's Name: <small>(If Applicable)</small> | | | | Guardian's Email: <small>(If Applicable)</small> | | | |
| Name of Insurance Co.: | | | | Employer: | | | |
| Policy Number: | | | | Group Number: | | | |

Persons to notify in case of Emergency – List two (2) Names, Relationship, and Phone Number.

| | | | | |
|-----------|-----------------------------------|---------------------------------------|----------------------------------|----------------------------------|
| 1. | | | | |
| | <small>Name (First, Last)</small> | <small>Relationship to Player</small> | <small>Cell Phone Number</small> | <small>Home Phone Number</small> |
| 2. | | | | |
| | <small>Name (First, Last)</small> | <small>Relationship to Player</small> | <small>Cell Phone Number</small> | <small>Home Phone Number</small> |

For FYFA Board Use Only, Do Not Fill In Below This Line

| | | | |
|---|--|------------------------|---------------------------|
| Flagger - \$140 <small>(Late fee of \$25 after 6/30/2011)</small> | | Equipment Sizes | Total \$ Received: |
| Tackle - \$190 <small>(Late fee of \$25 after 6/30/2011)</small> | | Helmet: | Check Number: |
| Sibling Discount – (\$20) | | Game Pants: | |
| Broncos Camp \$50 <small>(paid prior to 05/30/11)</small> | | Shoulder Pads: | |
| Broncos Camp \$75 <small>(Paid after 05/30/11)</small> | | Jersey: | Board Member Signature |

STYFA / FYFA

CONSENT TO MEDICAL CARE

If at any time my child (registrant) should require medical care and a legal guardian of my child can not be contacted to obtain consent to administer the necessary medical care, then I authorize STYFA and FYFA to provide medical care to my child.

PRINT – Parent/Legal Guardian Name

SIGNATURE (after printout) – Parent/Legal Guardian Name

____/____/____
Date

WAIVER OF LIABILITY

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the STYFA, FYFA, and it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with football and in consideration for the STYFA and FYFA accepting the registrant for it's football program and activities (The Programs). I here by release, discharge and/or otherwise indemnify the STYFA/FYFA, and their employees and associated personnel, board members, including the owners of the facilities utilized for the program against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same which transportation I hereby authorize.

PRINT – Parent/Legal Guardian Name

SIGNATURE (after printout) – Parent/Legal Guardian Name

____/____/____
Date

PARENTAL SUPPORT

We ask for active participation of all of our parents. Please indicate the areas(s) in which you can participate by checking on or more choices below.

| | | | | |
|--------------------------------------|---|------------------------------------|--|---|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Asst. Coach | <input type="checkbox"/> Sponsor | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Team Parent | <input type="checkbox"/> Game Monitor | <input type="checkbox"/> Video | <input type="checkbox"/> Athletic Director | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Webmaster | <input type="checkbox"/> Team Announcer | <input type="checkbox"/> Publicity | <input type="checkbox"/> Event Coordinator | <input type="checkbox"/> Other (list below) |

Describe Other: _____

Comments/Suggestions:
