

KYFCL / FAIRFIELD FOOTBALL, INC. REGISTRATION FORM FOR 2010

AGES BY SEPTEMBER 1

Smurf Football (Age 5,6,7)	_____	Smurf Cheerleading (Age 5,6,7)	_____
JV Football (Age 7,8,9)	_____	JV Cheerleading (Age 7,8,9)	_____
Mid-Varsity Football (Age 10,11)	_____	Mid-Varsity Cheerleading (Age 10,11)	_____
Varsity Football (Age 12, 13)	_____	Varsity Cheerleading (Age 12,13)	_____

Has / is child competing on a cheer squad? YES ___ NO ___

PLEASE PRINT CLEARLY

PARTICIPANTS NAME _____

STREET ADDRESS _____

TOWNSHIP/BOROUGH/COUNTY _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **E-MAIL** _____

BIRTHDATE _____ **AGE (by 9/1)** _____ **WEIGHT LIMIT:(FB ONLY)** _____
JV 100 max (101-115 red striped); Mid
GRADE (by 9/1) _____ **SCHOOL NAME:** _____ 20 max (121-135 red striped); Var 150
max (151-170 red striped)

Mother's Name _____ **Father's Name** _____

Legal Guardian (if not parents) _____

M-Home Phone _____ **F-Home Phone** _____

M-Work Phone _____ **F-Work Phone** _____

M-Cell _____ **F-Cell** _____

Emergency Contact _____ **Relationship** _____
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 Fairfield Knights. 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 Fairfield Knights 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 Fairfield Knights to seek medical treatment for my/our child in the event of any emergency. In the event of an injury that requires physical treatment I/We agree that the participant MUST present to Fairfield Knights a release from a physician to resume any physical activity. Parent/Guardian signature _____

REGISTRATION FEE: \$40 **CHECK#** _____ **BIRTH CERTIFICATE** _____
(\$5 discount for more than one player) **CASH** _____ **PHYSICAL FORM** _____
NO REFUNDS WILL BE GIVEN **CODE OF CONDUCT** _____
PARENT/GUARDIAN MUST READ AND SIGN THE BACK OF THIS FORM

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 Fairfield Knights 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 Fairfield Knights.

All equipment **MUST** be returned immediately upon resignation of participation 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 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.

By signing this form, I/WE hereby agree to and understand that photos of MY/OUR child may be showcased on the leagues' website.

I/WE acknowledge that I/WE have read all of the above and that all information contained on this form is factual and correct.

FATHER/GUARDIAN SIGNATURE

DATE

MOTHER/GUARDIAN SIGNATURE

DATE

INSURANCE COMPANY NAME

POLICY NUMBER

PLEASE PRINT

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

IF NONE, PLEASE WRITE N/A:

