

# 2017 FLAG FOOTBALL REGISTRATION FORM

Player Name: \_\_\_\_\_

Player Age: \_\_\_\_\_ Player Date of Birth: \_\_\_\_\_

Player School: \_\_\_\_\_ Player Grade (Fall 2017): \_\_\_\_\_

Player Shirt Size:  Youth Small  Youth Medium  Youth Large  Youth X-Large

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Additional Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Please List Any Allergies or Medical Conditions: \_\_\_\_\_

Please List Any Special Medicines or Medical Procedures that Coaches/Staff Should Be Aware of:

I wish to volunteer in the following capacity (check all that apply):

Concession Stand  Coaching  Team Parent  Game Day  Referee  Other \_\_\_\_\_

*I hereby give permission for the above stated player to participate in the Conestoga Valley Youth Football and Cheer (CVYFAC) program and in consideration of such participation and intending to be legally bound hereby, I acknowledge that said player will be using the facilities and equipment as his/her own risk and I as parent/guardian of the player hereby release, discharge, hold harmless and indemnify the CVYFAC, their successors, coaches, officers and assigns from all liability. This release and indemnification shall be binding upon the player, parents and/or guardians, spouse, heirs and legal representatives. I agree to adhere to all Conestoga Valley School District Policies while on school property. I also give permission to allow the use of pictures and/or video to be used on CVYFAC's Facebook page, CVYFAC website and/or other CVYFAC publications.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR INTERNAL USE ONLY:

TOTAL PAID: \$

CASH/CHECK #:

DATE:

RECEIVED BY: