



REGISTRATION FORM

<input type="checkbox"/> Residence Verified
<input type="checkbox"/> Insurance Card Verified
<input type="checkbox"/> New <input type="checkbox"/> Returning
Verified By: _____

Player's Name: _____ Team: _____

Address: _____

City/State/Zip: _____ Township: _____

Phone: _____ Birth Date: _____

School Attending: _____ Entering Grade: _____
as of August 2011

Parent Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____

Emergency Phone: _____

I, the parent/guardian of the above named player, hereby give my permission for the above named player to participate in the football program for York Adams Elementary Football League (YAEFL). I give my child permission to participate in any games, practices scheduled by the Directors or coaches of the YAEFL. I also understand my child's picture may appear on the team or league website or Fan Guide.

Proof of insurance for the above listed player is required at registration and the child must be covered for the entire season. If there is no insurance or proof thereof, then the parent/guardian is responsible for all costs incurred should your child be injured during any practice or game.

I hereby certify that the above information is correct and I give my consent for the Directors, coaches and EMT to use their own judgment in securing medical aid and ambulance services in case the parents cannot be reached.

I have received The YAEFL Code of Conduct.

Signature of Parent or Legal Guardian

Date: