

Berwick Youth Football League

Please Print Clearly and Fill Out Form Completely

2010 REGISTRATION FORM

Participant is registering for (Check One) <input type="checkbox"/> Football <input type="checkbox"/> Cheerleading			
Participant's Last Name		First Name	
Birth Date (MM/DD/YY)	Age on Nov. 1	Grade Next Fall	School Enrolled Next Fall
Street Address		Township	
City	State	Zip	Home Phone
Email Address		Years of BYFL Experience – Check One <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
Number of Siblings Registering	Previous Team	Siblings on any other team?	
Father's Last Name	First Name	Home Phone	Cell Phone
Mother's Last Name	First Name	Home Phone	Cell Phone
VOLUNTEER PARENTS ARE NEEDED!! Please indicate how you can help this year.			
<input type="checkbox"/> Coaching Position (if needed)		<input type="checkbox"/> Chain Crew	
<input type="checkbox"/> Advisor Position (if needed)		<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Team Mom/Dad		<input type="checkbox"/> Concessions	
The BYFL has my permission to use my child's image: _____ (<i>Initials</i>)			
I give my consent for treatment of the child named in any case of my unavailability, should any emergency need arise for my child during the season. Should a specialist's advice or serviced be required, please list preference:			
Hospital Preference		Tetanus Injection (Date)	
Family Doctor		Phone	
If unable to reach us, notify		Phone	
Please list any allergies, especially to any food, fluids, insects or medicines.			
List any medical conditions we should be made aware of			
I, the parent or guardian of the child named above whom is a candidate for a position on a team, hereby give my consent and approval for my child to participate in all of the activities of the BYFL during the season. I do further hereby release, absolve, indemnify and hold harmless, the organizers and sponsors and hereby waive all claims against the organizers and sponsors or any of the supervisors appointed by them. I waive, to the extent not covered by liability insurance, any claims against any person transporting my child to or from BYFL activities. I certify that my child is in good health and is physically able to participate in all BYFL activities.			
Signature of Parent/Guardian _____ Date _____			

Do not check items below – BYFL Use only!

Received:

Reg. Fee	\$
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Birth Certificate	
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Physical Form	
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Info. Complete
