

QUINCY YOUTH FOOTBALL LEAGUE

20



15

PLAYER / CHEERLEADER NAME _____

ADDRESS _____

CITY STATE ZIP _____

SCHOOL ATTENDING (FALL 2015) GRADE _____

NO / YES _____

RETURNING PLAYER / CHEERLEADER TEAM _____

PARENT/LEGAL GUARDIAN NAME _____

PARENT/LEGAL GUARDIAN ADDRESS - IF DIFFERENT FROM ABOVE _____

PARENT/LEGAL GUARDIAN PHONE: HOME & CELL _____

PARENT/LEGAL GUARDIAN EMAIL _____

DATE OF BIRTH

/ /

**As of 8-31-2015
cannot be 15**

REGISTRATION FEES

Make Check Payable to Team:

Football Player - \$150

Cheerleader - \$125

Flag Football - \$75

BIRTH CERTIFICATE: Y / N

RETURNING PLAYER: Y / N

REGISTRATION PAID: Y / N

CASH / CHECK # _____

AMOUNT: \$ _____

WEIGHT

Please check here, if your son/daughter has any health, behavioral, or special needs of which the team should be made aware.

To be eligible to participate in the QYFL, your son/daughter must:

- Live in the territory of the team he/she signs up for
- Be covered under your family health insurance plan
- TACKLE FOOTBALL: be at least 8 and no older than 14 years of age (not to exceed 8th grade)
- FLAG FOOTBALL: Grades 1 - 4 (not to exceed 9 years old)
- CHEERLEADING: Grades 1 - 8 (not to exceed 14 years old)

If you are not sure if you live within your team's territory speak with the Franchise Holder before registering.

PARENTAL PERMISSION STATEMENT:

I, "the undersigned," am parent and legal guardian for my son/daughter. I am aware that football and cheerleading are full contact sports that may result in injury. My son/daughter meets all of the above eligibility requirements and is covered by my family health insurance plan. The insurance provider, LISTED BELOW, shall cover any injury that is incurred by him/her during supervised Quincy Youth Football and Cheerleading practices, games and/or team activities.

Incidental Expenses: In addition to the annual registration fees for football, cheerleading and flag there will be additional expenses that may differ from child to child and from team to team. Please talk to the franchise holder to fully understand what additional expenses there will be for the season.

By signing below, I hereby grant permission for my son/daughter to participate in the 2015 Quincy Youth Football League and allow the use of my son's or daughter's name for team rosters and image for team pictures on authorized league game programs, media outlets and websites.

INSURANCE PROVIDER: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____