

ROSWELL YOUTH FOOTBALL LEAGUE (RYFL) REGISTRATION FORM

ALL MEDICAL INFORMATION ON REVERSE SIDE MUST BE COMPLETED AT TIME OF REGISTRATION

PLEASE PRINT:

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ AGE AS OF **SEPTEMBER 1, current year** _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PLAYED LAST YEAR: Y ___ N ___ IF YES, TEAM NAME & AGE DIVISION _____

BROTHER/SISTER OPTION-Complete **ONLY** if players are eligible to be placed on the **SAME TEAM-Football only, not cheerleading:**

Player's Name & Team if brother/sister is returning-**do not include cheerleader names on this form** _____

CONTACT INFORMATION

MOTHER'S NAME: _____ E-Mail: _____

MOTHER'S PHONE: HOME _____ WORK _____ CELL _____

FATHER'S NAME: _____ E-Mail: _____

FATHER'S PHONE: HOME _____ WORK _____ CELL _____

GUARDIAN'S NAME (**only if other than parent**): _____ E-Mail: _____

GUARDIAN'S PHONE: HOME _____ WORK _____ CELL _____

EMERGENCY CONTACT NAME (**only if other than parent/guardian**) _____

EMERGENCY CONTACT PHONE: HOME _____ WORK _____ CELL _____

1. I acknowledge I am the parent/guardian of the above mentioned minor child. By my signature below, I approve the participation of my child in the Roswell Youth Football program. I understand the Roswell Recreation Commission and the Roswell Youth Football League (hereinafter "RYFL") do not assume responsibility for any injuries sustained by the participants in events associated with RYFL including, but not limited to practices, games or group activities. I further agree to waive and hold harmless the RYFL and their representatives from any liability or damages which may occur as a result of my child's participation in the program. I further authorize representatives of the RYFL to secure emergency medical care and/or treatment necessary for my child if injured while participating in the program and I assume responsibility for any and all expenses incurred as a result thereof. I fully understand that I am responsible for any and all equipment issued to my child by the RYFL. **I further agree that I will return all equipment issued to player to the Equipment Manager at the conclusion of the season in good repair and I will be financially responsible if equipment is lost, stolen or damaged.**

2. **No refunds will be given after uniform has been ordered.**

3. **Returned checks will be subject to a \$30.00 service fee.**

I acknowledge that I have read and agree to items 1, 2, and 3 as stated above.

Signature of Parent/Guardian

Make checks payable to RYFL

Revised 07/25/2013

RYFL USE ONLY

Returner _____

Draft _____

Bro Opt _____

Incomplete or
needs special
approval _____

FOR RYFL USE ONLY

North _____ South _____ Valley _____

7-8 _____ 9-10 _____ 11-12 _____

Birth Cert Reviewed y ___ n ___

Proof of Residence Reviewed y ___ n ___

Report Card Reviewed y ___ n ___

Registration reviewed by _____

(Signature of Board Member)

FOR RYFL USE ONLY

Amount Paid \$ _____ Check # _____ Cash _____

Receipt # _____

(Signature of Board Member)

MEDICAL AUTHORIZATION PERMISSION FORM

PLAYER NAME

DATE

IN THE EVENT THE NEED ARISES TO PROVIDE UNFORESEEN OR EMERGENCY MEDICAL TREATMENT TO MY SON/DAUGHTER, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME FOR MY PERMISSION; HOWEVER, IN THE EVENT THAT I CANNOT BE CONTACTED, I HEREBY AUTHORIZE THE COACHING STAFF OF THE ROSWELL YOUTH FOOTBALL LEAGUE TO ACT ON MY BEHALF AND GIVE THEM THIS MEDICAL ASSIGNMENT RELEASE FOR NECESSARY MEDICAL TREATMENT.

INSURANCE COMPANY: _____

POLICY NUMBER/NAME: _____

I should be able to be reached by Telephone at on of the following numbers:

Area Code _____ / _____

Area Code _____ / _____

Area Code _____ / _____

Area Code _____ / _____

MY SON/DAUGHTER HAS NO KNOWN ALLERGIES TO ANY KNOWN MEDICATIONS

MY SON/DAUGHTER IS ALLERGIC TO THE FOLLOWING MEDICATIONS OR OTHER NATURAL SUBSTANCES:

1. _____
2. _____
3. _____

**MY SON/DAUGHTER IS CURRENTLY TAKING THE FOLLOWING MEDICATIONS:
(PRESCRIBED OR OVER-THE-COUNTER)**

1. _____
2. _____
3. _____

PARENT/GUARDIAN SIGNATURE

DATE

