

Community Youth Football League Contract 2011

CIRCLE THE GRADE APPLICABLE BELOW

(1st) 90 lbs. Max (2nd) 95 lbs. Max (3rd) 105 lbs. Max (4th) 115 lbs. Max (5th) 125 lbs. Max (6th) 140 lbs. Max

Player's Last Name _____ Player's First Name _____

Address _____ City _____

Zip _____ Phone _____ School _____ Present Grade _____

Age _____ Birth Date: (Month-Day-Year) ____/____/____

Name of your Organization _____

Glue or Staple a Recent
School Picture
HERE

Cut picture to this Size

In consideration of the acceptance of my entry as a member of one of the football teams to be entered in the Community Youth Football League, I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against Community Youth Football League or any of its teams, the sponsors, the administrators of the playing field, or all their respective officers, agents, or representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by me in connection with my said association with or entry and/or arising out of my traveling to, participation in and suffered by me in connection with my said association with or entry and/or arising out of my traveling to, participation in and return from said Community Youth Football League games, practices or exhibitions conducted during the season.

Player's Signature _____

I understand the following as specified in the CYFL rules and regulations;

1. My child must remain at or below the maximum weight limit for his/her grade level to play in any CYFL sponsored game.
2. My child must reside in the school district served by my organization or attend a school located in that school district.
3. No pets are allowed at any CYFL fields on game days.
4. No alcoholic beverages will be permitted within 1000 yards of the playing field.
5. No coolers, other than team coolers, will be permitted to go through the field gates.
6. No player wearing a cast, splint, brace or immobilizer of any type or of any material will be allowed to participate in any league play. Tape is the only support allowed.

My child is covered by the following individual or family insurance:

Insurance _____ Policy Number _____
(Provider's Name i.e. Blue Cross, ChoiceCare)

I have read and consent to the foregoing and grant permission for my child to participate in the Community Youth Football League program.

The above information is true and correct

Father's/Guardian
Signature _____

If both parents do not sign please check appropriate boxes
Divorced Single Deceased Custody Other

Mother's/Guardian
Signature _____

Date _____

If other please state reason at bottom of page.

**A legible photocopy of his/her birth certificate and a recent
photograph must accompany this contract**