

PIQUA YOUTH FOOTBALL ASSOCIATION, INC.

Player Registration Form

Player Information: Flag: \$40 Contact \$60 Cheerleading \$60

Last Name _____ First _____ MI _____

Address _____ City _____ State/Zip _____

Phone _____ Date of Birth _____ Age _____

Grade (As of Sept. 1) _____ Age (As of Sept. 1) _____

Team Played for Last Season: _____ School: _____

League Played in Last Year: Contact _____ Flag _____ Weight At Sign-up _____

List Any Allergies, Medications, Physical, or Medical Restriction _____

Comments/Requests: _____

Parents/Guardian Information:

Mother _____ Father _____

Name _____ Name _____

Address _____ Address _____

HM _____ WK _____ HM _____ WK _____

E-mail _____ E-mail _____

Emergency Contact (if parent not available) _____

Home Phone: _____ Work Phone: _____

We/I the undersigned waive all claims for injury, accident, or liability of any kind against the PIQUA YOUTH FOOTBALL ASSOCIATION, INC., or any of its officers, managers, coaches, referees or members. It is further understood that the overall physical fitness of the registered child to compete in this contact sport is the sole responsibility of the undersigned parent, or guardian. We/I, the undersigned, hereby assume all risk, for my child, associated with permitting him/her to participate in this sport. I further grant permission for emergency first aid to be given to the above listed minor and for him/her to be taken to the emergency room of a nearby hospital in the event of a serious injury. Permission is granted to the hospital and staff to provide any treatment that a physician deems necessary for the well being of the child. We/I agree to return upon demand, all equipment and property issued to us by the association. We/I understand that failure to return all equipment upon demand will result in financial reimbursement of the current replacement value to the said association by me. We/I agree to abide by the association's Code Of Ethics and By-Laws.

I have read and understand the above statement: _____

Parents Signature

Date

PFYA Use Only

Registration Payment: Amount \$ _____ Check # _____ Cash _____ Date _____

Notes: _____