

# **NCYFL**

## **TO FILL OUT FORM**

### **FORM MUST BE TYPED**

(HANDWRITTEN FORMS, NO MATTER HOW CLEAR ARE NOT ACCEPTABLE BY THE LEAGUE)

**LAST NAME** listed first

### **SIGN FORM IN INK**

**DOCTORS SIGNATURE MUST BE SIGNED IN INK** (NAME STAMPS ARE NOT ACCEPTABLE BY THE LEAGUE)

**DOCTORS STAMP MUST BE ON THE FORM**

**PHOTOCOPIES OR FAXED FORMS ARE NOT ACCEPTABLE BY THE LEAGUE**

# 2013 NCYFL Player Registration and Insurance Document

## PLAYER INFORMATION

Organization Name \_\_\_\_\_ Division Age \_\_\_\_\_  
Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
LAST NAME FIRST NAME  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
School Attending \_\_\_\_\_ School District # \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Contact Phone Day \_\_\_\_\_ Evening \_\_\_\_\_  
Has Player played in the NCYFL? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

## CONSENT OF PARENT OR GUARDIAN

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the Nassau County Youth Football League (NCYFL) program. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed:

\_\_\_\_\_  
\_\_\_\_\_

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the NCYFL, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

\_\_\_\_\_  
Signature of Parent or Guardian Relationship Date

## PHYSICIAN'S CERTIFICATION

I HEREBY CERTIFY that \_\_\_\_\_ was examined by me on the below date. There is no contra-indication to participation in any sport, including tackle football.

\_\_\_\_\_  
Physician's Signature Date Phone

## PHYSICIAN'S STAMP

## DIRECTOR'S APPROVAL

I HEREBY CERTIFY that the information above is true and correct to the best of my knowledge. The named player is eligible in all respects to play for our organization at the stated age level.

\_\_\_\_\_  
Director's Signature Date

## NCYFL APPROVAL

The birth records of the above named player have been examined, and he or she is eligible in all respects to participate in the NCYFL football program.

\_\_\_\_\_  
NCYFL Official's Signature Date