

MANASSAS YOUTH FOOTBALL LEAGUE – 2016 PROGRAM REGISTRATION FORM

SECTION 1 – WHICH PROGRAM ARE YOU REGISTERING FOR? (CHECK ALL THAT APPLY)

FLAG FOOTBALL (SPRING)
 TACKLE FOOTBALL (FALL)
 CHEERLEADING (FALL)
 SKILLS CAMP

SECTION 2 – PARTICIPANT INFORMATION – PLEASE COMPLETE THIS SECTION FOR ALL PROGRAMS

PLAYER LAST NAME	PLAYER FIRST NAME	PLAYER DATE OF BIRTH

COMPLETE THIS SECTION FOR TACKLE FOOTBALL AND SKILLS CAMP

WHAT ELEMENTARY SCHOOL DISTRICT DO YOU LIVE IN?

If your child is age 7-14
 AGE ON OCTOBER 1, 2015
 Born After Dec. 31, 2001

If your child is age 15-16
 AGE ON DECEMBER 31, 2015
 Born prior to Jan. 1, 2002

WEIGHT

Years Played
 Tackle Football

COMPLETE THIS SECTION FOR FLAG FOOTBALL ONLY

FOR TACKLE FOOTBALL ONLY - OFFICIAL MYFL TACKLE WEIGHT CHART**

FLAG TEAM AGE VERIFICATION AND TEAM ELIGIBILITY

WHAT WAS YOUR AGE
ON DECEMBER 31,
2015

	6	7	8	9	10	11	12	13	14	15	16
Rookie	UNL	<40	↓	↓	↓	↓	↓	↓	↓	↓	↓
AB	→	UNL	90	55	↓	↓	↓	↓	↓	↓	↓
80#		→	100	90	85	80	↓	↓	↓	↓	↓
90#			→	110	100	95	90	↓	↓	↓	↓
100#				→	120	110	105	100	↓	↓	↓
115#					→	140	125	110	115	↓	↓
130#						→	UNL	140	135	130	↓
155#								→	UNL	165	150
											→

6U
 8U
 10U
 12U
 15U

ADDITIONAL FLAG FOOTBALL REQUEST
 (Team and coach placement cannot be guaranteed)

****FINAL WEIGHT PLACEMENT DETERMINED IN
 AUGUST BY LEAGUE OFFICIALS**

SECTION 3 – PARENTAL AND CONTACT INFORMATION – PLEASE COMPLETE FOR ALL PROGRAMS

PARENT 1 LAST NAME

PARENT 1 FIRST NAME

ADDRESS

CITY

STATE

ZIP CODE

eMail

Home Phone

Cell Phone

Work Phone

PARENT 2 LAST NAME

PARENT 2 FIRST NAME

eMail

Home Phone

Cell Phone

Work Phone

SECTION 4 – LEAGUE AGREEMENT – PLEASE READ AND SIGN

As parent/guardian of the child registered here on, I give approval for the child's participation in this activity, assume all risk of participation including transport to and from the activity, and waive, absolve and agree to hold harmless Manassas Youth Football League (MYFL), PWCYFC and FCYFL including their organizers, directors, supervisors, coaches, sponsors, participants and any persons transporting said child to and from activities, for any claim arising out of any injury to said child. **I agree to return the league issued uniform and equipment** issued to my child in as good a condition as when received except for normal wear and tear. **I agree to reimburse Manassas Youth Football League** the cost of any lost, stolen or unreturned uniform/equipment. **Registration fee** is nonrefundable after your child's equipment has been ordered. A **processing fee of \$25** is deducted from refunds made prior to equipment order. **Returned check fee is \$30** **I hereby grant Manassas Youth Football League** (including but not limited to organizers, directors, supervisors & coaches) my consent to seek emergency medical attention for my son/daughter should the need arise during the course of the season. I understand this consent will only be enacted in my absence. **I attest** that the information on this form is true and correct to the best of my knowledge and have been informed that knowingly falsifying registration content may result in sanctions against my child's participation.

Signature

Date

FOR MYFL USE ONLY

AMT PAID	CASH, CREDIT CARD, CHECK #	REGISTERED BY	REG DATE