



CTYFL Connecticut Youth Football & Cheerleading League

2010

Athlete Information

First name	Last name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade in Fall	School in Fall	Age as of Dec 31st playing season
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Football	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Returning Player
	Weight (FB only)	Preferred (nick) name
	<input type="text"/>	<input type="text"/>

left blank for photo

Address and Contact Information

Player's Legal Residence

City/Town State Email Address for Parent/Guardian:

Parent/Guardian #1	Relationship to player	Home Phone Number	Cell/Work Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian #2	Relationship to player	Home Phone Number	Cell/Work Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Emergency Contact Name, Relationship and Phone Number

Medical Coverage Policy Number

Medical Insurance Company and Agent

Emergency Contact Physician Name and Phone Number

Medical Conditions:

WAIVER and Medical Information

The undersigned individual, by and through his parent or legal guardian, in consideration of participation in the Connecticut Youth Football League, covenants and agrees to hold harmless, CTYFL, its agents, team organizations, coaches and all league administrators, against all liabilities, expenses, costs, and claims arising from or in connection with any suit, claim or demand of any kind and character brought or maintained in connection with the individual's participation in the CTYFL and any associate member team. The program includes the use of football players equipment, and the preparation for a participation in tackle football games, a contact sport under the instruction and supervision of adults. CTYFL hereby informs both the player and parents that there are risks inherent in athletic participation. By signing below the player and parents acknowledge this information and give their consent to participate.

I/We the undersigned agree to the above, and agree to return all equipment assigned to my/our child. I/We also understand that this program carries limited medical insurance for the participants, and that proper medical insurance coverage is necessary for participation. In the event of serious accident or illness concerning my child, I understand that the CTYFL team will try to contact me using the information given on the registration form. If I cannot be reached, I authorize the CTYFL to contact the doctor indicated below and follow his/her instructions. If the doctor cannot be reached, I then authorize CTYFL to take whatever steps it deem necessary for the health, security and comfort of my child. I realize there is risk of being injured inherent in all sports. I understand the risks include severe injuries such as fractures, brain injuries, paralysis, or even death. I further understand that CTYFL disclaims all financial responsibility for the costs of medical treatment, hospitals, ambulances or paramedics, etc., arising from an injury to my child while participating in such competition or preparation therefore.

In consideration of participation in the Connecticut Youth Football & Cheerleading League (CTYFL) events, and/or the events of their member towns, the undersigned permits that their likeness, or the likeness of their child/ward may be photographed and/or video taped. I agree that such image(s) may be published in any outlet to promote or publicize the league and/or their member towns. I agree that no compensation is required for the use of these images, and I release CTYFL, all CTYFL member towns, volunteers, coaches, participants, directors, and officers from any and all liability associated with the use of said images.

As each town has a different refund policy, I understand the policy for my town.

Signature of Parent or Guardian

Date

Registration Fee: _____ Cash, Check# _____ Name on Check: _____

Physician's Statement of Consent to Play Sports

Physician's Consent Form **MUST BE DATED AFTER JANUARY 1ST** of the registration year

I have examined, or know _____ to be in good health and able to participate in the normal activities of youth football or cheerleading.

List Any Medical issues: _____

Any Type of Allergies: _____

Medication (s) Participant is taking: _____

_____ Participant is cleared for normal physical activities of youth contact football or cheerleading.

_____ Participant cleared for youth football or cheerleading with the following restrictions or limitations:

Physician

PHYSICIAN

Physician	____ / ____ / ____ <i>(Date - Must be dated after Jan 1 of playing year)</i>	Physician, Please print name and address, or use stamp:
	_____ <i>(Physician or Nurse Practitioner's Signature)</i>	Physician's Name: _____ Physician's Address: _____

Physician

As the Parent/Guardian of this participant I agree that the above information is true. In the event of serious injury, accident, or illness it will be the responsibility of the Parent / Legal Guardian to get updated medical information and **written** permission from his/her Physician, which states the following: "(NAME) is physically able to participate in Football / Cheerleading with the following restrictions / limitations"

Parent/Guard

Parent's/Guardian's Name: Parent's/Guardian's Signature: Date: ____ / ____ / ____

THIS FORM MUST BE SIGNED BY THE PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTICER TO BE APPROVED BY THE LEAGUE !