



REGISTRATION DATA WARREN YOUTH FOOTBALL

www.warrenyouthfootball.com



CURRENT WEIGHT

CHILD'S NAME CHILD'S MAILING ADDRESS

CITY, STATE AND ZIP SCHOOL ATTENDING

PARENTS E-MAIL HOME PHONE (INCL. AREA CODE)

DATE OF BIRTH SCHOOL GRADE NEXT FALL YEARS PLAYED ORGANIZED FOOTBALL

Mother / Legal Guardian Name (Home Phone if Different) Work Phone Number (Incl. Area Code) Cell Phone (Incl. Area Code)

Father / Legal Guardian Name (Home Phone if Different) Work Phone Number (Incl. Area Code) Cell Phone (Incl. Area Code)

Please provide the name of another person to contact if we are unable to reach either parent:

Emergency Contact Name Emergency Contact Cell Phone (Incl. Area Code)

DOES THE PARTICIPANT HAVE ANY OF THE FOLLOWING: (PLEASE CHECK)

- RECENT SURGERY
- HEART DISEASE
- BRACES
- AUTO ACCIDENT
- HEARING LOSS
- EYE GLASSES OR CONTACTS
- SKELETAL DISORDERS
- ALLERGIES
- ASTHMA
- ALLERGIC TO BEE STINGS
- EPILEPSY
- KIDNEY PROBLEMS
- BLOOD DISEASE
- LIVER DISORDER
- OTHER

LIST ALL ROUTINE MEDICATIONS

PURPOSE FOR MEDICATION

IS THERE ANY OTHER INFORMATION THAT WE SHOULD KNOW?

Birth Certificate Declaration

WYF is no longer collecting the Birth Certificates of registered players. If there is a challenge to any WYF player's age, TCYFL will request the player's Birth Certificate. It is the responsibility of the WYF player's parent(s)/Guardian(s) to submit the Birth Certificate to the WYF registrar within 36 hours of the request. Failure to submit the Birth Certificate results in immediate removal of the WYF player from the WYF Program with no refund.

Date Registered	Amount Paid	Check Number	X-Here for cash

