

EDGEFIELD COUNTY YOUTH FOOTBALL LEAGUE

2011 FOOTBALL PLAYER REGISTRATION

(Please Print)

PLAYERS FULL NAME: _____ **AGE as on Sept. 1:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PARENT(S) NAME: _____ **HOME PHONE:** _____

EMERGENCY CONTACT NUMBER: _____ **SCHOOL AND GRADE:** _____

EMAIL ADDRESS: _____

DOB _____ **BC # and State** _____

Medical Restrictions _____

Medicines or Allergies _____

LIABILITY WAIVER

I do hereby grant permission for the above named youth to participate in any and all activities of the ECYFL during the 2011 season. I assume all risks and hazards incidental to such participation including transportation and from such activities and do hereby waive, release, absolve, indemnify, and agree to hold harmless the ECYFL, organizers, respective coaches, assistants, league officials, agents, other players or parents/guardians, sponsors, supervisors, participants, volunteers, and any other persons from any and all claims for damage or injury arising from any activities of this sports program, except the extent and in the amount covered by accident or liability insurance. I further grant permission for emergency first aid to be given to this minor and for him/her to be taken to the emergency room of a nearby hospital in the event of serious injury. Permission is granted to the hospital and staff to provide any treatment that that physician deems necessary for the well being of the child.

I understand that the assignment of my child to the League teams is at the discretion of the League Officials. I will furnish a Birth Certificate of the above named candidate when requested to do so by the code of conduct in the ECYFL and the code of conduct in the ECYFL Bylaws

NAME OF PARENT OR GUARDIAN: _____ **RELATIONSHIP:** _____

SIGNATURE: _____ **DATE:** _____

Team and coach your child played for last season: _____

Please answer the following by checking the appropriate answers.

Will either parent be willing to help:

Head Coach: Yes No

Asst. Coach: Yes No

Team Mom or Dad: Yes No

Do you know any child unable to play due to lack of equipment, funds, transportation, etc.? _____

COMMENTS: _____

ECYFL USE ONLY:

Registration Date: _____ **Cash** _____ **Check#** _____ **Amount** _____

League Assigned: (1) 6-8 _____ **(2) 9&10** _____ **(3) 11&12** _____

Team Assigned: Bears _____ **Broncos** _____ **Bulldogs** _____ **Falcons** _____

Registration Fee: \$60