



## PLAYER REGISTRATION FORM

NO REFUNDS

**Legal Name of Participant (must match birth certificate):**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No: \_\_\_\_\_ Birth date \_\_\_\_\_

Cell no. \_\_\_\_\_ Age: \_\_\_\_\_ Sport: \_\_\_\_\_ Football \_\_\_\_\_ Cheer \_\_\_\_\_

Gender:  Male  Female

Division (circle one) **6U, 8U, 10U, 12U, 14U, 15U**

School: \_\_\_\_\_ GradeLevel: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact Information (if the parent/guardian cannot be reached):**

Name \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Cell or work No.: \_\_\_\_\_

**ESYFL Inc. Official Use Only:**

Witnessed By: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Type of Transaction:  Cash  Check  Other (please explain)

Proof of Age verified? Yes No

Birth Certificate Other (please explain)

Division of Play (circle one): **6U, 8U, 10U, 12U, 15U**

After February 15 of participating year

NO REFUNDS

ATTENTION: ASSOCIATIONS MAY CHARGE  
**GATE FEES TO ATTEND GAMES DURING THE SEASON.**  
I ATTEST ALL INFORMATION I PROVIDED IS ACCURATE.  
**PARENT/GURDIAN SIGNATURE:**

\_\_\_\_\_

**ESYFL PARTICIPATION AGREEMENT**      **PARTICIPANT NAME:** \_\_\_\_\_

• I, the parent/guardian give my approval for my child to participate in the ESYFL INC. activities and hereby acknowledge my child is in good health to perform/participate in tackle football and I understand the ESYFL INC. is a tackle football league and may result in serious injury, permanent disability, paralysis, and/or death. I acknowledge tackle football is a full contact sport.

• I am aware the ESYFL INC. provides secondary accident insurance that is a secondary to the participant's primary insurance. I understand all the participants primary medical insurance that they have must be used as the primary insurance due to the result of an injury in an ESYFL INC. activity. I agree to inform the head coach and a ESYFL INC. representative of any injuries. I understand that the ESYFL INC. accident insurance has a deductible that the participant's parent/guardian is responsible for.

• As a parent/guardian of my child I agree to uphold the rules, regulations of the ESYFL INC. I understand that any affiliates, including myself and my child/participant can be suspended or permanently banned from ESYFL INC. events if found in violation of the ESYFL INC. rules and regulations.

• I authorize the ESYFL INC. to produce, record, reproduce, broadcast, edit or otherwise, to use participants name, likeness, image, voice, interview, and shall own all rights, title, interest, copyright, including recordings, to be used and disposed of without limitation. I understand that I have no rights to the media used or any benefits derived there from.

• I understand to report any injuries or misconduct by volunteers, board members of the ESYFL Inc. this must be reported to the league immediately in writing by emailing [esyfl@esyfl.net](mailto:esyfl@esyfl.net) or by submitting the form on the league website at [esyfl.net](http://esyfl.net) on the "Risk Management" tab.

• I understand when multiple siblings participate in the the ESYFL the league cannot guarantee the participants will play at the same park each week.

• I understand if my child is selected to participate in All Stars I agree to pay the All Star registration fee and have my child at practice in order for he/she to participate. I understand if I cannot meet these guidelines, he/she cannot participate.

Rules and Regulations: I have read the above disclosure and fully agree and understand all the terms for my Child to participate in the ESYFL INC. activities.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN LEGAL NAME  
(PRINT) \_\_\_\_\_

PARTICIPANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_