

JERSEY # _____

SHIRT SIZE: YS ___ YM ___ YL ___ YXL ___ YXX ___
S ___ M ___ LG ___ XL ___ XXL ___ XXXL ___

PAYMENT: _____
CHECK #: _____
RECEIPT # _____

HIKES POINT LOBOS YOUTH FOOTBALL AND CHEER

member of the

Great Louisville Youth Football Assoc.



SENIORS

REGISTRATION FORM 2025

DIVISION FOR SENIORS (12, 13 & 14 YEAR OLDS).

****DETERMINED BY AGE OF MAY 1ST****

A PLAYER IS ELIGIBLE TO BE A SENIOR IF HE/SHE IS 14 YEARS OLD BUT DOES NOT TURN 15 YEARS OLD BEFORE
DECEMBER 1st. (NO FRESHMAN) COST FOR SRS \$80.00

Please print clearly so we can read it.

CHILD'S NAME: _____ AGE _____ DOB _____

CHILDS SCHOOL: _____ CURRENT GRADE (2025) _____

FOOTBALL EXPERIENCE: _____ FORMER TEAM NAME: _____ PREVIOUS DIVISION: _____

PARENT/GUARDIAN NAME: _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP: _____

HOME PHONE: _____ WORK _____ CELL: _____

EMAIL ADDRESS: _____

PLEASE LIST 2 INDIVIDUALS TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

LIST ANY MEDICAL CONDITIONS: _____ CHILDS PHYSICAN _____

PLEASE LIST KNOWN ALLERGIES, ILLNESS OR PHYSICAL LIMITATIONS _____

PARTICIPANT RELEASE

I, _____, (please print) do solemnly swear that I am the Parent or legal guardian of _____ and that the above named player/cheerleader was born on _____. I understand that it is a misdemeanor for me to swear falsely and any such action will be prosecuted to the full extent of the law. I understand that the safety of the participant is the first importance to **Great Louisville Youth Football Assoc. and its Cheerleading programs**. I understand that in spite of all reasonable precautions, injuries can occur. Football is a collision sport and even the best equipment and training will sometimes not prevent an injury due to the many random factors involved in contact. I also understand that cheer leading has its risks as well. The law requires that parental permission be obtained for operative procedures on minors. I give permission for such transportation, diagnostic, therapeutic and operative procedures and transportation as many are deemed necessary for the participant. I, above said name give permission for the said child to participate in the Great Louisville Youth Football Assoc. and its cheer programs. In no way shall I hold GLYFA, its agents, clusters, employees, referees, coaches and any other persons participating in said league liable for any injury or losses to myself or child while participating in this league and its programs. I fully understand that I am totally financially responsible for any and all equipment issued by Hikes Point and its Cheerleading programs and return same promptly upon requested by Hikes Point youth Football organization and Cheerleading program. The Great Louisville Youth Football Assoc. maintains a "zero tolerance" policy for all disruptive behavior. This includes adverse actions by coaches, staff, players and fans of the GLYFA. **NO FIREARMS ARE ALLOWED AT GLYFA EVENTS.**

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/2025

TURN OVER AND SIGN CONDUCT AGREEMENT ON BACK