

The New York City Youth Football League

2024 Season

Registration Card

Form Must be Notarized by Notary Public

Players Name		Team:
Last	First	
Address:		Date of Birth:/
		Phone number:
		Alt. Phone:
Current School:		Grade in Sept:
Parent / Guardian:		
(<mark>Plea</mark>	ase Print)	
	PLEASE RE	AD AND SIGN
I further acknowledge that my child from July 1st through December 31 understand the above-mentioned f date of birth stated for my child is i games in which he or she participat	d is not on the roster of st of the current playing acts. I hereby certify tha ncorrect, or if he or she ted in will be forfeited a	abide by all the rules and regulations of the program. any other football team in any other league and will not be season. I hereby acknowledge that I have read and fully at all answers are true and accurate and that in the event the is found to be on any other roster in any other league all nd I will be responsible for all the fees (\$2,000) incurred by the ied roster playing in a game or not.
(State of New York)		
County of)		
On the	day of	, 20
before me came	scribed above and w	proven who executed the foregoing instrument
Parent Signature		 Notary Public