

My child wishes to participate in:
 _____ Cheer
 _____ Football



Keystone Youth Football & Cheerleading League

2024 Fayetteville Browns Football & Cheer Registration

Player Information

Full Name: _____ Date of Birth: _____
Last First

Address: _____
Street Address Township/Borough

City State ZIP Code

Phone: _____ Email _____

Name of School: _____ Grade (As of 9/1/24): _____ Age (on 9/1/24): _____

Weight (Football): _____

Smurf: 80 lbs	81 lbs+ Red Striped	
JV: 100 lbs	101 lbs-115lb Red Striped	116 lbs+ Double-Red Striped
Mid: 120 lbs	121 lbs-135lb Red Striped	136 lbs+ Double-Red Striped
Var: 165 lbs	166 lbs+ Red Striped	

Have you played/cheered for another KYFCL team? YES NO If yes, who? _____

Does your cheerleader cheer for another organization? YES NO If yes, who? _____

Parent/Guardian Information

Mother/Father/Guardian: _____ Phone: _____

Mother/Father: _____ Phone: _____

Emergency Contact: _____ Phone: _____

ALL PARTICIPANT MUST PROVIDE A COPY OF THE PLAYER'S BIRTH CERTIFICATE AND OBTAIN A PHYSICAL BEFORE ANY PARTICIPATION MAY BEGIN.

Please List Health / Physical Disadvantages and Any Medications, Including the Name and Dosage, Child Is Presently Taking:

Disclaimer and Signature

I/WE , do hereby give my / our approval and permission for the above named individual to participate in any and all activities of the Fayetteville Browns. I/WE assume all risks, hazards and incidences to such participation including transportation to and from all activities. I/WE do hereby waive, release, absolve, indemnify and agree to hold harmless the Fayetteville Browns and the Keystone Youth Football League, Inc., the organizers, sponsors, participants, and persons transporting MY / OUR child to or from activities, for any claim arising out of any injury to MY/OUR child whether the results of negligence or for any other cause. I/WE give permission to the Fayetteville Browns to seek medical treatment for MY/OUR child in the event of an emergency. In the event of an injury that requires a physician's treatment I/WE agree that the participant MUST present to Fayetteville Browns a release from a physician to resume any physical activity.

In the event of any emergency that would require transportation to a hospital the participant is to be transported to Chambersburg Hospital or any local Hospital Emergency Care Unit and Physician to initiate preliminary studies such as x-rays and/or laboratory studies on MY/OUR child. It is understood that a representative from Fayetteville Browns has made every attempt to make contact with the Parent/Guardian or Emergency Contact before transportation decision is made.

It is understood that I/WE are responsible for all equipment issued by Fayetteville Browns.

All equipment **MUST** be returned immediately upon resignation of participant or at the end of the season on the scheduled equipment return days. I/WE agree that all equipment is to be returned clean and in as good of as condition as when received, except for normal wear and tear. If equipment is not returned or is not in good condition it is understood that I/WE are responsible for the cost to replace the equipment in question.

I/WE acknowledge that I have read all the above and all information is correct and actual.

Signature: _____

Date: _____

Signature: _____

Date: _____

Insurance Company: _____

Policy #: _____

For Board Use ONLY: Cash: _____ Check: _____
Level Assigned: ___ Smurf ___ Junior Varsity ___ Mid-Varsity ___ Varsity