



QUINCY YOUTH FLAG LEAGUE

Player Name _____

Address _____

City _____ State _____ Zip _____

School Attending (Fall 2021) _____ Grade (Fall 2021) _____

DATE OF BIRTH
/ /
AGE:
AS OF 8/31/2022

FLAG FOOTBALL.....\$100

CASH OR CHECK
CHECKS PAYABLE TO:
QUINCY YOUTH FOOTBALL

*PLEASE INCLUDE A COPY OF BIRTH
CERTIFICATE WITH COMPLETED
REGISTRATION

NO / YES
RETURNING PLAYER? _____ TEAM _____

PARENT/ LEGAL GAURDIAN NAME _____

PARENT / LEGAL GAURDIAN ADDRESS – IF DIFFERENT FROM ABOVE _____

CELL NUMBER _____ HOME NUMBER _____
@

PARENT / LEGAL GAURDIAN EMAIL _____

FOR QYFL USE ONLY	
BIRTH CERTIFICATE:	Y / N
RETURNING PLAYER:	Y / N
REGISTRATION PAID:	Y / N
CASH / CHECK #	_____
AMOUNT: \$	_____
REGISTRATION COMPLETE?	Y / N

Please check here if your son/daughter has any health, behavioral or special needs of which the team should be made aware.

To be eligible to participate the Quincy Youth Flag Football program your son/daughter must:

- Be a resident of Quincy, MA
- Be covered by your family health insurance plan
- Must not exceed 10 years of age

The Quincy Youth Football League will place your child into a draft pool from which coaches will select their individual teams. Teams are grade based. (Example K-2 and 3-4) We make every effort to create teams that have equal so that games are competitive and fun.

PARENTAL CONSENT:

I, "the undersigned", am parent and/or legal guardian for my son/daughter. I am aware that flag football includes some contact that may result in injury. My son/daughter meets all of the above eligibility requirements and is covered by my family health insurance plan. The insurance provider, LISTED BELOW, shall cover any injury that is incurred by him/her during supervised Quincy Youth Flag Football practices, games, or other team activities.

By signing below, I hereby grant permission for my son/daughter to participate in the 2021 Quincy Youth Flag Football League and allow the use of my son or daughter's name for team rosters and image for team pictures on authorized league programs, social media, website or similar.

INSURANCE PROVIDER: _____

SIGNATURE OF PARENT/GAURDIAN: _____

DATE: _____