Northern Youth Football League - Registration Card Season: Franchise:		<u>NYFL USE ONLY!</u> Place 'X'
Level/Te		Initials: Date: for
		(Do not initial until all known deficiencies are corrected) X-Man
PLAYER INFORMATION (Please Print Clearly!)		Franchise Certification of Player Eligibility (To be completed by Authorized Franchise Representative Only!)
Player Name:		The Franchise certifies the players date of birth, age, level, weigh
Address:		and jersey # as follows:
City:	Zip Code:	Date of Birth: Age (as of August 1st):
Home Phone:	Father Cell: Mother Cell:	Grade (as of Aug.t 1st): Waiver: □Yes □No
E-Mail Address:		Cheer Level: Mascot Freshman JV
Release of Liability and Assu	imption of Risk:	
In consideration of my child named above being allowed to participate in the Northern Youth Eacthall League (NVEL), the undersigned(c) being the leavent parent(s) and/or guardians of the		
Football League (NYFL), the undersigned(s), being the lawful parent(s) and/or guardians of the above named minor, for myself, spouse and my child/ward knowingly and freely assume all risks, both known and unknown and assume full responsibility for my child/ward's participation. I hereby release, hold harmless and agree to indemnify and defend the NYFL and its affiliated franchises from any and all liabilities with respect to any and all injury, disability, death, incident to my child/ward's involvement or participation in the NYFL. <i>I hereby certify that all the information provided</i> is accurate and that I have read the Release of Liability and Assumption of Risk statement above and fully understand its terms and by signing this form I have given up substantial rights and I sign this form freely and voluntarily without any inducement. I grant permission to the NYFL and its affiliated franchises to use photographs of my child/ward for promotional purposes without any remuneration. I acknowledge that I have read the NYFL Football and/or Cheerleading rules, which <i>are available on the NYFL website, and agree to be bound by the rules contained therein.</i>		Weight(lbs): Jersev#:
		(weight is with player wearing all football equipment but without helmet)
		nd I
		Franchise to
		Place Player
		Picture Here
Parent/Guardian Signature: Date Signed:		(Please tape, glue or staple)
ignature:	Date Signed:	(1 icase inpe, sine or surpe)
Parent/Guardian Name (please print):		For football players the photograph must show the player from the waist up, showing players face without a helmet and showing the
Parent/Guardian Email Address:		
EMERGENCY CONTACT		players jersey number clearly.
	Relationship:	
'hone #:	Other #:	-
Secondary Contact:	Relationship:	-
hone #:	Other #:	_

ONLY! Place 'X' here in ink ate: _ for X-Man leficiencies are corrected) fication of Player Eligibility horized Franchise Representative Only!) layers date of birth, age, level, weight, Age (as of August 1st): Waiver: □Yes □No Freshman JV Пју Jersey#:_ ing all football equipment but without helmet) ntative ("AFR"): anchise to