## Northern Youth Football League - Registration Card Season: \_\_\_\_ Franchise: \_\_\_\_\_ Level/Team: PLAYER INFORMATION (Please Print Clearly!) Player Name: \_\_\_\_\_ Address: \_\_\_\_\_

## Release of Liability and Assumption of Risk:

E-Mail Address:

In consideration of my child named above being allowed to participate in the Northern Youth 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 hereby certify that all the information provided 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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father Cell: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

acknowledge that I have read the NYFL Football and/or Cheerleading rules, which are available on the NYFL website, and agree to be bound by the rules contained therein.					
Parent/Guardian Signature:		Date Signed:			
Parent/Guardian Name (please print): _					
Parent/Guardian Email Address:					
EMERGENCY CONTACT INFO	RMATION:				
Primary Contact:		Relationship:			
Phone #:	Other #:				
Secondary Contact:		Relationship:			

Any player with inaccurate or falsified registration information, physical and/or birth certificate is subject to immediate removal from the NYFL.

Phone #: Other #:

## << This side of form for NYFL/Franchise Internal Use >>

NYFL USE ONLY!

Initials:	Date:		here in ink for	
(Do not initial until	all known deficiencies	are corrected)	X-Man	
		nchise Representati	ive Only!)	
Date of Birth:		_ Age (as of Sept 1s	et):	
Grade (as of Sept 1st): _		Waiver:	□Yes □No	
Cheer Level:□Ma	scot  Freshman	ı DJV		
Football Level:	Freshman DJV			
Weight(lbs): Jersey#: (weight is with player wearing all football equipment but without helmet)				
Authorized Franchise	e Representative ("A	FR"):		
AFR Name (print):				

## Franchise to Place Player Picture Here (Please tape, glue or staple)

AFR Signature:\_

For football players the photograph must show the player from the waist up, showing players face without a helmet and showing the players jersey number clearly.