

Check team assigned:	☐ Cheer [	☐ Tinimites	☐ Rookies	☐ Midgets	☐ Pee Wees	
Prior to Participation, you nage. It is <b>MANDATORY</b> that	nust provide a co you agree to abid sure your child de	py of your child's I de by all the rules, oes the same. To I	Birth Certificate of the control of	or a copy of your d code of conducts s of eligibility, yo	cur child to participate in youth Footbal child's permanent school records to vet of the AREA WIDE YOUTH FOOTBALL umust complete this form. Your signation of this application.	erify
FOOTBALL ASSOCIATION En activities of the association hereby release, absolve, in directors, as well as the AR	LITE (AWYFAE), In a during the upco demnify, and hol REA WIDE YOUTH	nc teams, do here ming season. As o d harmless the ho FOOTBALL ASSOO	by give my (our) consideration for ome league CIATION ELITE, L	approval and por being allowed to the control of th	, one of the AREA WIDE YOUTH ermission for our child to participate in o participate in the league, I (we) do oaches, organizers, sponsors, officers, oners, Board of Directors, Board and or child before or after practice and ga	and
registration. Finally, as an i or maintain any court action specifically including enforce Should I file suit, or cooper	inducement to all on, suit, or compl cement of rules, rate with any suit or complaint. The	low my (our) child aint against AWYI eligibility, punishi , I (we) agree to b	d to participate i FAE, or any Com ment, sanctions, pe responsible fo	n the AWYFAE, I missioner, Office disqualification r all costs incurre	work must be turned in at the time of (we) hereby covenant and agree not ter, or Board Member for any reason, or any type of league action or inactioned by anyone association with AWYFA of to play the fee is then considered a	n.
everyone safe. We will be to Covid-19, we ask that you p	aking temperatur blease keep them	e at the front gate at home and bring	e of games as we g a doctor's relea	ll as on the field. ase before return	ue will be taking extra measures to kee If your child has any of the symptoms ing to the field. It is imperative that we Handouts are available upon requests	of ALL
• □Elementary □Mid	dle {NAME OF	SCHOOL ATTE	NDING}			
• Players Legal Name_						
Date of Birth		_ Age (as of 9/1	1) Gr	ade <i>F</i>	Allergies	
Parents Name						
• Parents Address, (phy	ysical)					
Home Phone		Work			Cell	
• Emergency Contact, i	name, number	r, relationship_				
• PARENTS SIGNATURE				DATE:		
OFFICE USE ONLY:  Fee Paid: \$ □Cas	sh □Check#	Received	I by		Receipt #	
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