

# CPYFCL FOOTBALL REGISTRATION

Season

## APPLICANT INFORMATION

First Name:				Last Name:			
Date of Birth:	Age July 31 This Year:	Check Division:	FLAG [5-6]	PEE WEE [7-8]	JUNIOR [9-10]	SENIOR [11-12-13]	
Address:							
City:				State:		Zip:	
Last Season:	N/A	FLAG	PEEWEE	JUNIOR	SENIOR	School This Season:	

## FAMILY INFORMATION

Mother's First & Last Name:				Father's First & Last Name:			
Address (if different):				Address (if different):			
Home Phone:		Cell:		Home Phone:		Cell:	
Email (one that you check often):				Email (one that you check often):			
Check Preferred Method of Contact:	TEXT	PHONE CALL	EMAIL	Check Preferred Method of Contact:	TEXT	PHONE CALL	EMAIL
Occupation/Workplace:				Occupation/Workplace:			
Work Phone Number:				Work Phone Number:			
Sibling(s) in NYFCL: Name:		Age:		Name:		Age:	
CPYFCL is an <u>ALL volunteer program</u> and your participation is needed. Please check the box(es) that your family would MOST like to help with and print the parent/guardian/helpers name in the box below: *Requires background check							
Coach*		Team Parent*		EMT*		Concession	

## PARENT PERMISSION (Please initial each blank after reading)

I/We, the parents of the above named participant hereby give my/our permission for participation in any and all Central PA Youth Football and Cheer activities. I assume all the risks and hazards incidental and associated to the conduct of these activities.

I/We know that participation in football may result in serious injury and protective equipment does not prevent all injuries to players. We hereby waive, release, absolve, indemnify and agree to hold harmless Central PA Youth Football and Cheer League, Associations, organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We will furnish a copy of the above participants Birth Certificate to the league officials. The League will keep this on file and confidential.

I/We will agree to honor the equipment agreement regarding any and all equipment issued to my child.

I/We GIVE / DO NOT GIVE (CIRCLE ONE) permission for my/our child's photograph to be used in any and all CPYFCL materials.

If I/We or our alternate is not available at the time of any Central PA Youth Football and Cheer related injury, I authorize emergency treatment of my child listed as the participant in the above paperwork.

**Signature of Parent(s) or Guardian:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

X \_\_\_\_\_ **Date:** \_\_\_\_\_

## LEAGUE USE ONLY

LEVEL	CERTIFICATION	FULL FACE PHOTO
FLAG <input type="checkbox"/>	BIRTH CERTIFICATE <input type="checkbox"/>	
PEE WEE <input type="checkbox"/>	PHYSICAL <input type="checkbox"/>	
JUNIOR <input type="checkbox"/>	EQUIPMENT AGREEMENT <input type="checkbox"/>	
SENIOR <input type="checkbox"/>	JERSEY NUMBER	
Amount Paid:	Date:	
Check # * or CASH:	Received by:	
*RETURN CHECK CHARGE- \$25		

# FOOTBALL EQUIPMENT AGREEMENT

Season \_\_\_\_\_

## PLAYER INFORMATION

First Name:			Last Name:			
Date of Birth:	Age July 31 This Year:	Check Division:	FLAG [5-6]	PEE WEE [7-8]	JUNIOR [9-10]	SENIOR [11-12-13]

## JERSEY INFORMATION

Jersey Number Requested: 1 <sup>st</sup> choice	2 <sup>nd</sup> choice	3 <sup>rd</sup> choice
<b><u>THEY ARE NOT GUARANTEED!</u></b> If none of the number choices are available, the league will assign one.		
Jersey Size:	Returning Player (Y/N):	Verified by:

## EQUIPMENT RETURN POLICIES

\_\_\_ I/We will agree to honor the equipment agreement by returning ALL the equipment issued by the Central PA Youth Football and Cheer League's respective Association from which it was issued.

\_\_\_ I/We understand that this equipment is the property of the Association. I will return ALL issued equipment at the end of the season. Equipment will only be returned to the Association via a designated board member at a collection event.

\_\_\_ Equipment or uniforms must be turned in CLEANED and, in the condition, that it was received. I understand that I will be billed for replacement, professional cleaning or repair for any damage.

\_\_\_ At a cost of \$500 maximum to equip each child, I understand that it is necessary for the CPYFCL and its Associations to get their equipment returned so that registration fees can be kept to a minimum. This ensures that the financial burdens to the parents will be kept to a minimum.

\_\_\_ I/We understand and agree that if I fail to return any equipment issued, I will pay the full replacement cost of that equipment. I will be billed accordingly. If further efforts are made to receive payment to no avail, I/we understand that we may be prosecuted.

Signature of Parent(s) or Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_

## LEAGUE USE ONLY

	INITIAL WEIGHT	LBS.		AUGUST WEIGHT	LBS.
	HELMET	GAME PANTS	PRACTICE PANTS	SHOULDER PADS	GIRDLE PADS
	BRAND	WT.		SIZE	N/A
	SIZE	SIZE			
DATE RCVD					
DATE RTRND					

# CPYFCL PHYSICAL FORM

## APPLICANT INFORMATION

Season \_\_\_\_\_

First Name:	Last Name:		
Date of Birth:	Home Phone Number:		
Address:			
City:	State:	Zip:	
Mother's First & Last Name:	Father's First & Last Name:		

### HEALTH INSURANCE INFORMATION

Child's Health Insurance Carrier:	Policy Number:
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### PARENTAL INFORMATION

Please indicate any physical limitations (allergies, asthma, hearing, sight, etc.) of the participant:

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By signing below, we/I agree to inform CPYFCL, its Associations and its coaches of any changes in these limitations or of any new diagnosis of limitations or conditions that may affect my child in his or her participation in youth football or cheer.

If I/We or the alternates listed are unavailable at the time of any football or cheer related injury, I hereby give permission to any member of the Central PA Youth Football and Cheer League or its Associations, to seek medical assistance for my child, and I further authorize any qualified person and/or medical facility to administer any necessary medical treatment to my child.

**Signature of Parent(s) or Guardian:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

X \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Name & Cell Number:** \_\_\_\_\_ **Relationship to Player:** \_\_\_\_\_

### PROGRAM & LEVEL

(AGE on JULY 31)

Football Level (by age):	Flag (5/6)	Pee Wee (7/8)	Junior (9/10)	Senior (11/12/13)
Cheerleading Level (by age):	Flag (5/6)	Pee Wee (7/8)	Junior (9/10)	Senior (11/12/13)

### PHYSICAL TO BE COMPLETED BY EXAMINING PERSONNEL

Height:	Weight:	Blood Pressure:	Pulse:
Abnormalities/Limitations:		Medications:	
Child is Under Doctor's Care: YES NO If yes, please explain:			
Any Allergies: YES NO If yes, please explain:			

**Physician:** I hereby certify that I have examined the above named athlete and found he/she is physically able to participate in either football or cheerleading as noted above. This note is good for the \_\_\_\_\_ season, unless voided by serious injury, accident or illness. If void, it will be the responsibility of the child's parent/guardian to get updated medical information from his or her physician before resuming participation in sports. Please attach additional forms if necessary.

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
PHYSICIAN NAME (PRINTED)

\_\_\_\_\_  
PHYSICIAN'S ADDRESS

DATE of PHYSICAL \_\_\_\_\_