Fall 2010 Registration Form

RETURN COMPLETED FORM BY E-MAIL TO
fwcyfl@gmail.com or FAX to 817-887-5634.

GRADES	AGE	FEE
6TH/7TH/8TH	11-14	$150.00

Sign up by August 6th and receive a Free T-Shirt

Register early! Team Assignments finalized August 13th. Equipment distributed Aug. 14th.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL_____

ADDRESS _____ CITY _____ ZIP_____ GRADE _____ (DURING SEASON)

SCHOOL _____

BIRTH DATE _____ (MONTH) ___ (DAY) _____ (YEAR) AGE _____ WT _____ HT _____ WAIST _____ PHONE_____

FATHER'S NAME _____ OCCUPATION _____ CELL PH._____

MOTHER'S NAME_____ OCCUPATION _____ CELL PH._____

CONTACT EMAIL ADDRESS _____

LIST ANY MEDICAL PROBLEM PLAYER MAY HAVE _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY _____ PHONE _____

DOCTOR TO NOTIFY IN CASE OF AN EMERGENCY _____ PHONE_____

_____ (Initials) IF AN EMERGENCY ARISES AND THE PARENTS CANNOT BE REACHED, I AUTHORIZE ANY NECESSARY TREATMENT.

I, _____ the parent/guardian of _____, hereby release the Fort Worth Christian Youth Football League (FWCYFL), and their duly authorized representatives and/or agents, including but not limited to the FWCYFL Board of Directors, coaches and assistant coaches and volunteers, and do hereby waive any and all responsibility and liability for any injury and/or loss of property sustained by my child that may occur while playing with FWCYFL and their sanctioned activities. On behalf of my child and his interest, I do hereby waive any and all responsibility and liability, and indemnify the FWCYFL and its participants for any injury and/or loss of property sustained by my child that may occur while playing with FWCYFL and their sanctioned activities. This waiver and releaseextends to all practice sessions, affiliated and sanctioned FWCYFL football program activities, and shall release the FWCYFL and its aforementioned representatives from any liability except for gross or willful acts of negligence to the above named child.

As the child's parent/guardian, I acknowledge and understand that this football league is a full contact sport (tackle football). The practices and games will be full contact tackle football and therefore will be physical and potentially dangerous. All players will be using helmets, shoulder pads and other tackle football related equipment. With this understanding in mind, as the child's parent, I have considered the danger and still persist in my acceptance of the risk to allow my child to participate in this sport because I believe it is in my child's best interest to develop him into a well rounded Christian young man. As the child's parent/guardian, I am wholly responsible for evaluating the child's fitness to participate in these activities, and acknowledge and agree to be financially responsible for any and all insurance and costs to cover my child's football related injuries while engaging in the FWCYFL associated events. I, as the parent/guardian, make the representation to the FWCYFL that my child is physically and mentally capable and prepared to play and participate in this contact sport. I acknowledge that the FWCYFL is relying on my representations as described above as an absolute condition for my child to participate in the FWCYFL program.

If parents are divorced or separated, both signatures are required.

I also agree that any photographs or video tapes taken by the Fort Worth Christian Youth Football League, or their representatives, that include images of my child may be used for league purposes. I understand that any exception to eligibility requirements must be pre-approved by the league.

_____ (PARENT OR LEGAL GUARDIAN SIGNATURE) / _____ (PARENT OR LEGAL GUARDIAN SIGNATURE) DATE _____

_____ (Initials) **I agree to attend a mandatory 1 hour "Play Like A Champion" parents workshop.**

_____ (Initials) **I give permission for my son's grades to be released to the FWCYFL.**

PARENTAL SUPPORT: WE ASK FOR ACTIVE PARTICIPATION OF ALL PARENTS IN OUR PROGRAMS. CHECK ALL AREAS IN WHICH YOU CAN HELP.

_____ TEAM HEAD COACH _____ TEAM ASST. COACH ____ TEAM HELPER (PHONES, CHAIN GANG, ETC.) _____ DONATION

LEAGUE USE: TO BE COMPLETED INTERNALLY

BIRTH CERTIFICATE REC'D _____ PHYSICAL REC'D _____ SCHOOL & GRADE VERIFIED _____ TEAM ASSIGNED TO _____

FEE REC'D ___ AMOUNT _____ CASH ____ CHECK NO. _____ CREDIT CARD #_____ REC'D BY _____

Late registrations accepted through Aug 23, 2010. Fax registration form to Frank Poeschel at 817-887-5634 or send to: fwcyfl@gmail.com and bring payment, original form, and copy of physical to equipment distribution.

REV. 07/2010