

STUDENT NAME: _____ GRADE: _____

ADDRESS: _____

MOM NAME: _____ DAD NAME: _____

MOM PHONE: _____ DAD PHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SHIRT SIZE: YOUTH / ADULT SM MD LG XL

COST: \$25.00 *AMOUNT DUE WITH REGISTRATION FORM BY JUNE 5th. PLEASE MAKE CHECKS PAYABLE TO "NYFL"

*Does the player have any past or present injuries, allergies, or medical conditions that the league should be made aware of?: *YES / NO (If yes please describe below)

EMERGENCY INFORMATION (ICE)

I/WE the parent(s) or the legal guardian of the above mentioned participant, being a minor, hereby authorize the coaches, assistant coaches, parents of other team members, athletic trainers and any other associated members of the NYFL, acting in the capacity of the activity, supervisors/vehicle Drivers, as my agents, to consent Medical, Surgical, or any Dental examination and or treatment. In Case of Emergency, I hereby authorize treatment and/or care at any Hospital.

EMERGENCY CONTACT NAME: _____ PHONE #: _____

WAIVER OF LIABILITY AND DISCLAIMER; ACKNOWLEDGMENT AND CONSENT

I/WE, the parent or guardian of the above named individual, acknowledge, that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the program of the NYFL is primarily administered by parents who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual(s) and its program(s), I hereby release, discharge, and hold harmless the NYFL, its volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result to said athlete or individual while participating in the NYFL sponsored events. As Parent/Guardian of the above named athlete, I hereby consent to the above stated information including the WAIVER OF LIABILITY AND DISCLAIMER, EMERGENCY AUTHORIZATION (ICE), and that all stated information is accurate and true.

*PRINTED NAME OF

PARENT/GUARDIAN: _____ PARENT: _____

SIGNATURE: * _____ DATE: _____

SIGNATURE: * _____ DATE: _____
