

## Athlete Information

First name	Last name	Preferred (nick) name	Weight (FB only)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade in Fall	School in Fall	Age as of Dec 31st playing season	<input type="checkbox"/> Football <input type="checkbox"/> Cheerleading <input type="checkbox"/> Returning Player	
<input type="text"/>	<input type="text"/>	<input type="text"/>		

## Address and Contact Information

Mailing Address			Residential Address (if different)		
<input type="text"/>			<input type="text"/>		
City/Town	State		City/Town	State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian #1	Relationship to player	Home Phone Number	Work Phone Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Parent/Guardian #2	Relationship to player	Home Phone Number	Work Phone Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Primary Emergency Contact Name, Relationship and Phone Number					
<input type="text"/>					

Medical Coverage Policy Number

Medical Insurance Company and Agent

Emergency Contact Physician Name and Phone Number

Medical Conditions:

## WAIVER and Medical Information

The undersigned individual, by and through his parent or legal guardian, in consideration of participation in the Connecticut Youth Football League, covenants and agrees to hold harmless, CTYFL, its agents, team organizations, coaches and all league administrators, against all liabilities, expenses, costs, and claims arising from or in connection with any suit, claim or demand of any kind and character brought or maintained in connection with the individual's participation in the CTYFL and any associate member team. The program includes the use of football players equipment, and the preparation for a participation in tackle football games, a contact sport under the instruction and supervision of adults. CTYFL hereby informs both the player and parents that there are risks inherent in athletic participation. By signing below the player and parents acknowledge this information and give their consent to participate.

I/We the undersigned agree to the above, and agree to return all equipment assigned to my/our child. I/We also understand that this program carries limited medical insurance for the participants, and that proper medical insurance coverage is necessary for participation. In the event of serious accident or illness concerning my child, I understand that the CTYFL team will try to contact me using the information given on the registration form. If I cannot be reached, I authorize the CTYFL to contact the doctor indicated below and follow his/her instructions. If the doctor cannot be reached, I then authorize CTYFL to take whatever steps it deem necessary for the health, security and comfort of my child. I realize there is risk of being injured inherent in all sports. I understand the risks include severe injuries such as fractures, brain injuries, paralysis, or even death. I further understand that CTYFL disclaims all financial responsibility for the costs of medical treatment, hospitals, ambulances or paramedics, etc., arising from an injury to my child while participating in such competition or preparation therefore.

As each town has a different refund policy, I understand the policy for my town.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Registration Fee: \_\_\_\_\_ Cash, Check# \_\_\_\_\_ Name on Check: \_\_\_\_\_

## Physician's Statement of Consent to Play Sports

Physician's Consent Form **MUST BE DATED AFTER JANUARY 1<sup>ST</sup>** of the registration year

I have examined, or know \_\_\_\_\_ to be in good health and able to participate in the normal activities of youth football or cheerleading.

**List Any Medical issues:** \_\_\_\_\_

\_\_\_\_\_

**Any Type of Allergies:** \_\_\_\_\_

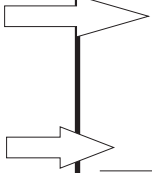
**Medication (s) Participant is taking:** \_\_\_\_\_

\_\_\_\_\_ Participant is cleared for normal physical activities of youth contact football or cheerleading.

\_\_\_\_\_ Participant cleared for youth football or cheerleading with the following restrictions or

limitations: \_\_\_\_\_

### PHYSICIAN

 _____ (Physician or Nurse Practitioner's Signature)	Physician, Please print name and address, or use stamp: _____ Physician's Name: _____ Physician's Address:
	_____ (Date - Must be dated after Jan1 of playing year)

In the event of serious injury, accident, or illness it will be the responsibility of the Parent / Legal Guardian to get updated medical information and **written** permission from his/her Physician, which states the following:

“(NAME) is physically able to participate in Football / Cheerleading with the following restrictions / limitations”

**THIS FORM MUST BE SIGNED BY THE PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER TO BE APPROVED BY THE LEAGUE !**