

**Four Corners Young American Football League**

**Aztec Farmington Kirtland Shiprock Ignacio**  
**Bayfield Cortez Pagosa Springs (circle one)**

**2011 Player Registration form Fee \$85.00 late fee \$95.00**

Type of payment received \_\_\_\_\_ on (date) \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Player Name \_\_\_\_\_ Player DOB \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Age on 8/31/2011 \_\_\_\_\_ Prior YAFL Team \_\_\_\_\_

School Attending for 2011-12 \_\_\_\_\_ Grade \_\_\_\_\_

*FOR OFFICIAL USE ONLY*

**HELMET SIZE: \_\_\_\_\_ SHOULDER PAD SIZE \_\_\_\_\_ PANT SIZE: \_\_\_\_\_**

**Absolutely No Refunds**

False or incorrect information on this form may jeopardize the right to participate.

\_\_\_ I understand that I am responsible for the return of all equipment belonging to YAFL which has been issued to my child and will be billed in the amount of \$150.00 if the equipment is not returned to the league upon completion of play for the 2011 season.

\_\_\_ I hereby certify that the above named child is physically able to participate in YAFL and that the child has no physical or mental impairments. I, individually and as a parent or guardian, hereby give my approval for the above named child to participate in any and all activities. I assume all risks and hazards incidental to such participation including transportation to and from all activities.

\_\_\_ I hereby waive, release, absolve, indemnify and agree to hold harmless the Four Corners YAFL, its affiliates, officers, coaches, organizers, sponsors, supervision staff, participants and any other affiliates, persons transporting my child to and from activities, for, from and against all liability because of any bodily injury, personal injury, or property damage, known or unknown which may occur or result from the participation of the above named child in any American Football League.

\_\_\_ I will take responsibility as a parent or guardian and obey all rules set forth by the coaches, including but not limited to, cursing at or arguing with any child, coach or referee. I understand that I can be asked to leave the field for such behavior.

\_\_\_ I give permission to the coaching staff to admit my child to a hospital or to place my child under the care of a physician in case of emergency situations when I cannot be reached to give my consent.

\_\_\_ I, individually and as a parent, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

**RELEASE MADE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2011.**

**PARENT / GUARDIAN SIGNATURE \_\_\_\_\_**

**FOR (CHILD'S NAME) \_\_\_\_\_ A MINOR**

FCYAFL Representative Initials \_\_\_\_\_

**\*\*\* BIRTH CERTIFICATE IS MANDATORY\*\*PHYSICAL REQUIRED BEFORE 1<sup>ST</sup> PRACTICE**

**\* A \$20.00 Fee will be charged on all returned checks \***