

Sex: M / F Weight: _____ lbs. Birthdate: ___/___/___ School: _____ Grade: _____

LEAGUE AGE: Jr. PW Cannot turn 10 before 11/1/10; PW Cannot turn 13 before 11/1/10; Midgets cannot turn 15 before 11/1/10

Name: _____
 Last First Middle
 Address: _____
 # & Street City State Zip
 Father's Name: _____
 Business Address: _____
 Mother's Name: _____
 Business Address: _____
 Health Insurance: _____
 Carrier Policy #

EMERGENCY PHONE NUMBERS	
HOME:	
FATHER'S WORK:	
CELL:	
MOTHER'S WORK:	
CELL:	

By signing below we (parent/guardian) assert that the address we have listed is true, and if falsified we understand that disciplinary action will take place with the team as well as termination of my child from the team.

1. MEDICAL HISTORY

Name of Physician: _____ Phone: _____
 Current Medications: _____

	YES	NO
Allergies: if yes specify		
Glasses/Contacts		
Fractures: within (1) year		
Dental Braces or Bridges		
Blood Disease HIV/Infections?		

	YES	NO
Head Injuries within (1) year		
Serious Illness		
Specify _____		
Tetanus Shot		
Date: _____		
Surgery within past year		

	YES	NO
History of heart murmur?		
Kidney Disease?		
Diabetes?		
Seizures?		
Repeated Bone or Joint Injuries?		

2. EMERGENCY MEDICAL RELEASE

I/We the parents or guardians of the above named applicant give our permission for any emergency treatment necessary, either of the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injury resulting from any scheduled Monterey Bay Youth Football League function, including the supervised travel to and from said functions. Furthermore, I/We accept responsibility for the accuracy of all information supplied on this application. I/We understand that any false information can result in immediate dismissal of the player and/or cheerleader named above. I/We the parents or guardian of the above named applicant to Monterey Bay Youth Football League assume all risks and hazards incidental to such participation, including transportation to and from activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Monterey Bay Youth Football League, The Organization, Sponsors, Supervisors, Coaches, participants and any persons transporting the applicant, except to the extent and in the amount covered by accident or liability insurance. I/We are to be financially responsible for the Monterey Bay Youth Football League equipment issued to applicant other than normal wear and breakage during games and practice and I/We will reimburse the Monterey Bay Youth Football League for the loss and damage to said equipment.

3. SCHOLASTIC STANDING

I/We the undersigned certify that the above name applicant attends _____ school and is at or above grade level.

4. PARENTAL CONSENT

I/We the parents/guardians of the above named applicant give our permission for the applicant to compete as a player/cheerleader in the Monterey Bay Youth Football League. I/We, the undersigned, and all family and friends agree to abide by the Monterey Bay Youth Football League Code of Conduct/participation agreement at all Monterey Bay Youth Football League games and events.

I/We the parents/guardians of the above named applicant have read, understand and agree or attest to items one (1) thru four (4) of this registration form.

Father's Signature _____ Mother's Signature _____

Email Address if you want MBYFL updates via email _____

Monterey Bay Youth Football League Player Identification Card

Player: _____
 Birthdate: ___/___/___ League Age _____
 Jersey No.: _____ Weight _____ lbs.
 Team: _____
 School: _____

Jr. PW							
6-7-8yrs 45-90lbs				9yrs. 65 lbs MAX			
9	10	11	12	11	12	13	14
65 - 120 lbs			100lbs	90 - 160 lbs		140lbs	

If Player is over or under weight, enter the exact weight to weight column and both weigh masters must initial. Otherwise enter O.K. to the weight column and the initials of one weigh master.

Photo will be taken by Team
 Official of Player in Game
 Jersey and attached here

	DATE	WEIGHT	INITIALS	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

EXAMINING PHYSICIAN'S STATEMENT

I hereby certify that _____ was examined by me on ___/___/2010 and found physically fit to engage in Monterey Bay Youth Football League Program.

Signature : _____

Date: _____

CERTIFICATION OF PLAYER

TEAM PRESIDENT _____ DATE ___/___/2010

HEAD COACH _____ DATE ___/___/2010

MBYFL LEAGUE OFFICIAL _____ DATE ___/___/2010