

# Northern Vermont Youth Football League



## Player Registration Form

Team/Season: \_\_\_\_\_

### Athlete Information

First name	Last name	Preferred (nick) name	Height	Weight	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade in Fall	School in Fall	Football experience (NOTE: No experience is necessary)			
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Sandlot <input type="checkbox"/> Flag <input type="checkbox"/> 1 year of tackle <input type="checkbox"/> 2 or more years of tackle <input type="checkbox"/> None			

### 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			Parent's E-Mail Address		
<input type="text"/>			<input type="text"/>		

*Please use the back of this form to comment on any medical or special conditions your child has that you wish us to be aware of.*

### WAIVER and Medical Information

The undersigned individual, by and through his parent or legal guardian, in consideration of participation in the Northern Vermont Youth Football League, covenants and agrees to hold harmless, Northern Vermont Football Association (NVYFA), 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 Northern Vermont Youth Football League 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. NVYFA 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 no 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 NVYFA team will try to contact me using the information given on the registration form. If I cannot be reached, I authorize the NVYFA to contact the doctor indicated below and follow his/her instructions. If the doctor cannot be reached, I then authorize NVYFA 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 NVYFA 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Coverage Policy Number

\_\_\_\_\_  
Medical Insurance Company and Agent

\_\_\_\_\_  
Emergency Contact Physician Name and Phone Number

**IMPORTANT: PLEASE ATTACH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE**

We need volunteers! If you are interested in volunteering as a coach, fundraiser, booster, etc., please check here and we will contact you. Comment on the back if you like.

**Program Fee:**  
**(please submit payment with form)**

Payment Received on (date) \_\_\_\_\_ Form of payment \_\_\_\_\_