



FOR NCYFL USE ONLY:
Amount paid: _____
Paid By: _____
Birth Cert: _____
Physical: _____
Sized: _____
Taken By: _____

Football Registration Form

Last: _____ First: _____ Middle: _____

Nickname: _____ Date of Birth: _____

Divisions (Freshman 4-6) (Sophomore 7-8) (Juniors 9-10) (Seniors 11-12)

League age: (As of 8-31 of current year) Division: _____

Address: _____ State: _____ Zip: _____

Mom's name: _____ E-Mail: _____

Home phone: _____ Cell phone: _____

Dad's name: _____ E-Mail: _____

Home Phone: _____ Cell phone: _____

EMERGENCY Contact: _____ Phone: _____

Parental Consent Clause

I, the parent/guardian of the above named player/candidate for a position on a Nueces County Youth Football team, hereby give my approval to his/her participation in any or all NCYFL activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, resolve, indemnify and agree to hold harmless, the NCYFL, the respective association, league, sponsors, supervisors, participants and persons transporting my child to and from activities or any claim arising out of injury to my child.

Insurance Clause

NCYFL has Group Accident Insurance Coverage for medical and hospital expenses, with a given deductible amount for each accident incurred. The League Insurance is considered as secondary coverage when there is any other valid and collectible coverage provided by the parent's separate insurance. Maximum coverage is provided for any one accident with a given maximum dental coverage for sound, natural teeth. I understand that and claim for medical service, which arises out of injury, must be reported to the team representative within twenty days OF THE DATE OF INJURY. I understand that any registration fee or other sums paid does not constitute a direct premium payment for injury.

Medical Treatment Authorization Clause

In the event of injury or illness to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

League Rules and Regulations

All participants and their parent/guardian agree to abide by all league and association rules and policies.

Participation in Nueces County Youth Football League is a privilege and the officers of the organization may take disciplinary actions against participants and adults, including suspension and banning.

Participants are required to participate in organizational fund-raisers.

Participants are required to promptly return all association property in good condition less normal wear and tear at the end of the season. The parent/guardian agrees to reimburse the association for any expense incurred in attempting to collect association property that is not promptly returned.

Parent/Guardian's Initials _____

I, the parent/guardian of the above named NCYFL player/candidate have read and understand the above parental consent clause, insurance clause and medical treatment authorization clause. By signing this registration form, I recognize the above clauses and do hereby grant permission for my child to participate in all officially recognized league activities.

Parent Signature: _____ **Date:** _____

Tried on uniform/Circle one: **Yes** **No** **Parent/Guardian's Initials:** _____

Birth certificate / circle one: **Yes** **No** **Parent/Guardian's Initials:** _____

Physical Form / circle one: **Yes** **No** **Parent/Guardian's Initials:** _____

Jersey # _____ **(Note: Number not promised)**

Jersey size:

Y- Small Y- Medium Y-Large Y-X Large

A-Small A-Medium A-Large A-X-Large

Pant size:

Y- XX Small Y-X Small Y-Small Y-Medium Y-Large Y-X Large Y- 2X Large

A-Small A-Medium A-Large A-X-Large A-XX- Large A- XXX-Large



MEDICAL HISTORY FORM

This form must be submitted to NCYFL –prior to athlete participating in football / cheerleading.
Legal name of Participant (must match birth certificate)

Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Home number: _____ Cell phone: _____

Name of primary Medical Insurance Company: _____

Policy Number: _____ Membership Number: _____

Name of Policy holder: _____

- 1. Does the participant have any injuries requiring medical attention? Yes No
2. Does the participant have any past surgeries? Yes No
3. Is the participant currently under any medical care? Yes No
4. Does the participant have any allergies? Yes No
5. Do the participant have asthma / require use of inhaler? Yes No
6. Is the participant a diabetic / require medications? Yes No
7. Does the participant or has he / she had seizures? Yes No
8. Does the Participant have any other limitations or any medical conditions? Yes No

If you answered Yes to any of the above questions above please provide an explanation in the following space:

I hereby acknowledge that it is my responsibility to inform my child’s coach in writing if there is any change in his / her medical condition. I also understand that it is my responsibility to obtain written permission from my child’s physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signed: _____

Print Name: _____

Relationship to participant: _____ Date: _____