



NECYFL



NorthEast Conference Youth Football League

Association Name: **PEABODY**
2018

- Football
 Cheering

Name: _____
 First M Last

Address: _____

City: _____

Birth Date: _____

Parent: _____

Parent: _____

Phone: _____

Phone: _____

Cell #: _____

Cell #: _____

Email: _____

Email: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Cell Phone: _____

Required Paperwork

Grade as of September of season _____

Birth Certificate

Verified Grade

Medical Release

Physical Form



Paid: Cash Check# _____ Credit

Checks Payable to: Peabody Youth Football League (PYFL)

2018 Registration Fees:

FOOTBALL- 1st Player= \$200, All others \$125 CHEER- 1st Cheerleader \$180, All others \$120
Family Cap= \$400 (ex. If you have a football player and a cheerleader the cost would be \$320)

PARENTAL CONSENT

I, _____ give permission for my son/daughter, to participate in the NorthEast Conference Youth Football and Cheering Program.

RELEASE FROM LIABILITY

I agree to assume all risks and hazards incidental to participation on a football/cheerleading team, including transportation to and from the activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless, NorthEast Conference Youth Football League, the local association, the officers, directors, sponsors, volunteers, participants and persons transporting my child to and from any and all team activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

MEDICAL RELEASE

Because your child is involved in an active sport, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. Please list alternative contacts and family doctors below.

Parent Name: _____

Family Physician: _____

If parent/legal guardian cannot be reached:

Name: _____ Telephone: _____

Relationship to participant: _____

Allergy or medical condition that we should know. Include medication your child uses regularly:

Allergies/Medical Conditions: _____

Medications: _____

I hereby grant permission to the Association to administer first aid, secure proper treatment and hospitalize my son/daughter in case of emergency, provided they are unable to communicate with me, and according to their best judgment. I acknowledge by my signature that I have read and accepted and agreed to this document.

Signature of Parent or Legal guardian

Print Name

Date

PHYSICAL FORM

Form must be completed only by a licensed medical professional

Form must be dated AFTER July 31, 2017

Participant's Name: _____

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in youth football and/or cheering. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in NorthEast Conference Youth activities. I am therefore clearing this individual for athletic participation without limitation.

Signed or Stamped: _____

Date: _____

Office Address: _____

Phone: _____