

2006

# Player Registration



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## Player Information.

**Childs Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
First Middle Last

**School:** \_\_\_\_\_ **Grade Fall '06:** \_\_\_\_\_ **Age As Of 9-1-06:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
In Union School Boundary

**Father Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Mother Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**New Player:**  YES  NO >> **If NO >> Team Last Season:** \_\_\_\_\_ **Jersey Number:** \_\_\_\_\_

**T-SHIRT SIZE:**  Youth (S)  Youth (L)  Adult (M)  Adult (XL)  
 Youth (M)  Adult (S)  Adult (L)  Adult (XXL) **Coach:** \_\_\_\_\_

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## Parental Medical Treatment Authorization.

IN THE EVENT OF INJURY OR ILLNESS TO MY CHILD, \_\_\_\_\_, I HEREBY GRANT AUTHORIZATION TO A QUALIFIED PHYSICIAN TO RENDER SUCH MEDICAL ATTENTION AS SAID PHYSICIAN DEEMS NECESSARY. I ALSO GRANT PERMISSION TO SECURE THE USE OF AN AMBULANCE IF DEEMED NECESSARY. I FURTHER AGREE TO PAY THE EMS SERVICE AND ALL ASSOCIATED HOSPITAL COSTS RENDERED TO THE ABOVE NAMED PATIENT. I FURTHER AUTHORIZE RELIANCE UPON A PHOTOCOPY OF THIS AUTHORIZATION AS IF IT WERE AN ORIGINAL.

\_\_\_\_\_ Child is covered by accident insurance. Carrier: \_\_\_\_\_ Type of Policy: \_\_\_\_\_

\_\_\_\_\_ Child is not covered by accident insurance; however he/she has permission to participate in all UYFA activities.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Participation Authorization and Release of Liability.

AS PARENT OR GUARDIAN OF \_\_\_\_\_ CHILD, I AM AWARE THAT YOUTH FOOTBALL IS HAZARDOUS AND I VOLUNTARILY GRANT PERMISSION FOR CHILD TO ENGAGE IN ALL UYFA SPONSORED OR ENDORSED ACTIVITIES. I AGREE TO MYSELF, AND FOR MY CHILD, MY SPOUSE, AND OTHER OF MY CHILDREN, WARDS, GUESTS (OTHERS) TO ACCEPT ANY AND ALL RISKS OF PROPERTY DAMAGE, PERSONAL INJURY OR DEATH THAT MAY OCCUR DIRECTLY OR INDIRECTLY FROM PARTICIPATION IN OR ATTENDANCE AT UYFA ACTIVITIES INCLUDING, BUT NOT LIMITED TO, LEAGUE, TOURNAMENT AND PRACTICE GAMES, PRACTICES, TRANSPORTATION AND THE PRESENCE AT OR OF, OR USE OF, ANY FACILITIES OR EQUIPMENT. IN CONSIDERATION OF PARTICIPATION, I DO HEREBY AGREE FOR MYSELF AND OTHERS TO RELEASE, INDEMNIFY AND HOLD HARMLESS UYFA AND IT OFFICERS, DIRECTORS, COACHES, COACHING STAFF, VOLUNTEERS, AGENTS AND LICENSEES, AND ANY OTHER SPONSOR OR HOST, FROM ANY PRESENT AND FUTURE CLAIMS, INCLUDING NEGLIGENCE, FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH ARISING FROM UYFA ACTIVITIES AND HEREBY WAIVE AND DO COVENANT AND AGREE NOT TO INSTITUTE OR PARTICIPATE IN PURSUING ANY CLAIM, ACTION OR PROCEEDING FOR DAMAGES FROM ANY CAUSE. I HAVE READ THIS FORM AND FULLY UNDERSTAND THAT I AM GIVING UP LEGAL RIGHTS AND/OR REMEDIES THAT MAY OTHERWISE BE AVAILABLE.

I \_\_\_\_\_ (Parent), have read the UYFA members Rules & Regulations and fully understand the penalties prescribed by the UYFA for violation or non-compliance, I agree to these terms and conditions by my signature below.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## UYFA USE ONLY

**Registration Fee: (\$)** \_\_\_\_\_  
 Check > Ck. Number \_\_\_\_\_  
 Money Order  Partial Pay  Cash  
 Waiver  Scholarship

**Documents Receiver:** Birth Certificate  YES  NO  
Request Draft  YES  NO  
Scholarship  YES  NO  
INFC Release  YES  NO  
Team Protected \_\_\_\_\_  
Physical  YES  NO  
Sibling \_\_\_\_\_ Grade \_\_\_\_\_

**Age Group:**  
Grade entering for upcoming season  
 3RD  6TH  
 4TH  7TH  
 5TH

ENTERED INTO DATABASE:  BY: \_\_\_\_\_