



SMYFL Registration Form



☐ Rec Contact ☐ MDL School ☐ Flag ☐ Cheer

Division Played Previous Year: _____; Team: _____

Child's Name: _____ Date of Birth _____

Address: _____
Street address City State Zip

Home Phone: _____ Cell Phone: _____

Fall 09 Grade _____ Where are you zoned for High School? _____

Age as of 8/31/09 _____ Weight: _____

Primary POC Name _____

Phone Number _____ Cell Number _____

Email Address _____

FOR CERTIFICATION PURPOSES ALL NEW PLAYERS MUST PRESENT A VALID BIRTH CERTIFICATE PRIOR TO THE ANNOUNCED DEADLINE OR THE PLAYER WILL NOT BE ALLOWED TO PARTICIPATE IN LEAGUE GAMES.

Birth Certificate is: Attached ~~/XXXXXXXXXX~~ Not Attached ~~/XXXXXXXXXX~~ On-file

Registration Fee includes game jersey and participation award. It also includes rental use of game pants, practice pants, shoulder pads, helmet, and all additional pads. These items are property of the SMYFL and are to be returned at the end of the season. If equipment is not returned at the close of the season, all equipment will be invoiced to the player's parent or legal guardian.

Memo: Refunds

Southern Maryland Youth Football League will not issue refunds after August 1. Prior to August 1, a 50% refund will be issued if your child chooses not to participate or if extenuating circumstances develop.

I certify that all information given is correct. I agree to all stipulations herein and to abide by the rules and regulations of the SMYFL By-Laws (available upon request). I am the parent or legal guardian of the child that I have registered.

Signature: _____ Date: _____

Processed By: _____ Registration Fees _____

Late Fee _____

Paid By **Cash** ~~XXXX~~ / **Check** ~~XXXXXXXXXX~~ **TOTAL DUE** ~~XXXXXXXXXX~~

Player Information Sheet
Southern Maryland Youth Football League (SMYFL)

PLEASE PRINT

Player's Name:		Preferred Name:	
Parent's Names:		Home Phone:	
Email:	Mother Cell:	Father Cell:	
The best way to reach me is:			
I/We, the parent(s) of the above named candidate, authorize SMYFL to publish pictures of my/our child on the local website. Individual pictures or names identifying pictures will not be used. *****Yes *****No			
I/We, the parent(s) of the above named participant of SMYFL, do hereby give my/our approval to participate in any and all SMYFL activities. *****Yes N/A			
I/We, the parent(s) of the above named candidate, know that participation in SMYFL may result in serious injuries, and protective equipment does not prevent all injuries to players. I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless SMYFL, the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. *****Yes N/A			

Parent or Guardian Authorization: In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).		
Family Physician:		Phone:
Address:		City:
Hospital Preference:		
In Case of Emergency, contact: (someone other than parents)		
Name:	Work Phone:	Relationship to Player:
Home Phone:	Cell Phone:	Pager:
Name:	Work Phone:	Relationship to Player:
Home Phone:	Cell Phone:	Pager:
Please list any allergies/medical problems, including those requiring maintenance medications (i.e. diabetic, asthma, seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.		

_____ Parent/ Guardian Signature	_____ Date
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