

WARSAW YOUNG TIGER FOOTBALL

PO BO 1798 WARSAW IN 46581-1798

DATE: _____

PLEASE PRINT AND COMPLETE FORM

Child's Name: _____

Parents/Guardian's Name: _____

Address: _____ City: _____

First Contact Number: _____ Contact Name: _____

Secondary Contact Number: _____ Contact Name: _____

Would you be willing to help coach? (PLEASE CIRCLE) YES NO Volunteer as a team parent? (PLEASE CIRCLE) YES NO

Are you able to be a first responder? (PLEASE CIRCLE) YES NO Special Instructions: _____

School Attended: _____

PREVIOUS TEAM: _____

LEAGUE: (PLEASE CIRCLE) ROOKIE (7-8) LOWER (9-10) UPPER (11-12)

DATE OF BIRTH: _____

BIRTH CERTIFICATE: (PLEASE CIRCLE) YES NO

CURRENT GRADE: (PLEASE CIRCLE) 1 2 3 4 5 6

GRADE GOING INTO NEXT YEAR: (PLEASE CIRCLE) 1 2 3 4 5 6

YEARS WITH YTF: (PLEASE CIRCLE) 1 2 3 4 5 6

Do you give permission to NIYFL to post pictures of your child on the internet? YES NO _____
Initials

CONSENT FOR EMERGENCY MEDICAL TREATMENT OF A MINOR CHILD

I (WE) _____ PARENTS/LEGAL GUARDIANS of _____ authorize the NIYFL to provide medical treatment in the event of injury/illness. Treatment is to be provided by qualified medical personnel. Treatment cost is to be born by the parent/guardian.

CONSENT TO PARTICIPATE

I hereby consent to my child's participation in the NIYFL program and acknowledge that I have provided the above information which is true and correct to the best of my knowledge. I understand that football is an active sport, and every effort will be made to protect my child from injury. I assume full responsibility for and agree to hold harmless the NIYFL, its agents, and volunteers, from all injuries and for claims arising from any injury my child might sustain through participation herein.

Parent/Guardian Signature

TOWNS PLAYED IN:

ELKHART ● FAIRFIELD ● JOHN GLENN ● LAVILLE ● NORTH JUDSON ● TIPPY VALLEY ● TRITON ● WARSAW ● WAWASEE ● WHEELER

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EQUIPMENT CHECK OFF

BELOW INFORMATION TO BE FILLED OUT BY COACHES ONLY

WEIGHT: _____

HELMET:	XS	SM	MED	LRG	XLG						
SHOULDER PADS:	60	80	100	130	150	170	17-18	19-20			
JERSEY:	YXS	YS	YM	YL	YXL	Y2X	AS	AM	AL	AXL	
PANTS:	YXS	YS	YM	YL	YXL	Y2X	AS	AM	AL	AXL	
GIRDLE:	YXS	YS	YM	YL	YXL	Y2X	AS	AM	AL	AXL	

I, _____ assume full and complete responsibility for all equipment issued or to be issued to my child by the NIYFL. I agree to financially responsible for the return of all equipment in good condition, at the last game of the season, reasonable wear and tear accepted and to pay and indemnify the NIYFL on the following basis: Helmet - \$215.00; Shoulder pads - \$100.00; Pants – \$50.00, Pads/belt - \$40.00; Keep jersey at \$50.00, for any and all equipment not returned as required. In addition, any reasonable fees incurred by them or their legal representatives as a result of my failure to return their equipment.

PAYMENT (Non-refundable)

LEAGUE FEE: 75.00

GIRDLE: 25.00

CARD CASH AMT: _____ CHECK # _____

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