

# 2017 EPYFL Player Registration Form

## Player Name & Contact Information

First Name	Last Name	Parent #1 Name	Parent #2 Name
Parent #1 Home Phone	Parent #1 Cell Phone	Parent #2 Home Phone	Parent #2 Cell Phone
Receive Text? YES NO		Receive Text? YES NO	
Parent Primary Email Address (please print legibly)		Parent Secondary Email Address (please print legibly)	
Player's Date of Birth	Player age as of August 1, 2017	Player's Estimated Weight	

## School District Information

Home Address (no P.O. Boxes)	City, State, Zip
What school will your player attend during the 2017-2018 school year?	Which high school district does your player currently reside?

## Player Team Information

**Please complete as appropriate below, based on your child's age:**

Your players age as of August 1, 2017

<p><b>If your player will be between 6-11 yrs old on August 1:</b></p> <p>My player is:    New <input type="checkbox"/>    Returning <input type="checkbox"/></p> <p><i>If your player is returning</i>, please select his/her team below:</p> <p style="padding-left: 40px;">Cowboys    Panthers    Warriors</p> <p>Player has siblings participating in the EPYFL in 2017?</p> <p style="padding-left: 40px;">Yes <input type="checkbox"/>    No <input type="checkbox"/></p>	<p><b>If your player will be between 12-13 yrs old on August 1:</b></p> <p>Please check which of the below is applicable to your player:</p> <p style="padding-left: 40px;">New to the EPYFL in 2017 <input type="checkbox"/></p> <p style="padding-left: 40px;">Played at the EPYFL JV level last season <input type="checkbox"/></p> <p style="padding-left: 40px;">Played at the EPYFL Varsity level last season <input type="checkbox"/></p> <p>If a returning Varsity player, please select his/her team below:</p> <p style="padding-left: 40px;">Mtsbg Black    Mtsbg Orange</p>
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## Parent / Guardian Acknowledgements

### Uniform Return Policy

I understand by signing below that my child will be provided with a uniform and it is expected that this league property will be properly maintained. Uniforms should be cleaned regularly and treated immediately to remove stains. Normal wear from usage is expected. However, if not properly maintained the cost of replacing the item will be my responsibility. Upon completion of the season, or within 7 days of my child's decision to no longer participate, all league uniform items must be returned. I further understand that if not returned I will be responsible to pay for the cost of the uniforms in the amount of \$150.

*I understand and agree to the above: \_\_\_\_\_ (initials)*

### Returned Check Policy

A \$35 fee will be charged for any returned check. All fees must be paid in full prior to the first day of practice or may result in the player not being able to participate until all fees are collected.

*I understand and agree to the above: \_\_\_\_\_ (initials)*

Parent / Guardian Signature	Date
Parent / Guardian Name (please print)	Relationship to player

## EPYFL USE ONLY

<b>Player Verifications</b>		<b>Payment Information:</b>		District:
Verified Birth Certificate <input type="checkbox"/>	Verified Address <input type="checkbox"/>	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Level:
Verified by: _____	Verified by: _____	Rcvd by: _____		Team:

Notes:	Notes:
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# 2017 EPYFL Medical Information & Release Form

PLEASE NOTE: The EPYFL carries only secondary insurance

It is very important that you provide us with complete details about your child's health and/or any medical conditions to ensure that coaches are prepared to handle any emergency situation that may arise during practices, scrimmages, and/or games.

## Medical Information

Player's Name:	Primary contact number:
Physician's Name:	Physician's contact number:

Please circle any of the below that may be applicable:

asthma      diabetes      seizures      fainting      knee/ankle injury      neck injury

Please list any allergies that your player may have:

Please list any medications taken by your player on a daily basis:

OTHER: Please provide detailed information on any illness/injury not listed above that you feel the EPYFL should know about:

## EMERGENCY CONTACT INFORMATION (other than parent/guardian on page 1 of this player application)

Name:	Name:
Relationship:	Relationship:
Primary Phone:	Primary Phone:
Secondary Phone:	Secondary Phone:

## Player Physical Waiver

Although the EPYFL does not require a physical for participants, it is highly recommended prior to commencement of any sport. In my/our opinion the above-named child is physically able to participate in the EPYFL. In case of an emergency, and if my family cannot be reached, I hereby authorize my child to be treated by the physician on duty at the nearest medical facility. I fully understand that it is my responsibility to report any and all injuries to the league and my player's coach to insure that all proper forms are filled out in the event the use of the league's insurance is needed. If this is not done, I hereby release the EPYFL of all liability.

I acknowledge the above: \_\_\_\_\_ (initials)

## Parent Approval & Medical Release

I hereby give my approval for the child named above to participate in any and all EPYFL activities this season. I assume all risks and hazards incidental to the conduct of activities as well as transportation to and from all events. I do hereby release, absolve, indemnify and hold harmless the Eastern Panhandle Youth Football League, its organizers, sponsors, or any other supervisors appointed by them. I further understand that the EPYFL does not require a physical to participate but that the league highly recommends that one be obtained prior to starting any sport. With that said, it is my opinion that the child named above is physically able to participate fully and safely. I further understand that the EPYFL only carries secondary insurance and it is my responsibility to provide medical coverage in the event of an injury to my child. In the event that the EPYFL's secondary insurance is needed, it is my responsibility to insure all forms are filled out and turned into an EPYFL official within the required time limits. In the event of an emergency and if my family physician cannot be reached, I hereby authorize my child to be treated by the physician on duty at the nearest medical facility.

I acknowledge the above: \_\_\_\_\_ (initials)

Parent / Guardian Signature	Date
Parent / Guardian Name (please print)	Relationship to player