



# NECYFL



## NorthEast Conference Youth Football League

**Association Name:** SWAMPSCOTT  
**2011**

- Football**  
 **Cheering**

Name: \_\_\_\_\_  
                    First                    M                    Last

Address: \_\_\_\_\_

City: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Required Paperwork**

Grade as of September of season \_\_\_\_\_

Birth Certificate

Final Report Card

Medical Release

Physical Form



Paid \_\_\_ Cash \_\_\_ Check # \_\_\_

Fee to register: \$150.00 Family \$225.00

# 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, 2010**

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: \_\_\_\_\_