

**Texas Six Man Youth Football Association**  
**2018 Registration**

CHILD'S FULL NAME: \_\_\_\_\_ AGE AS OF SEPT. 1<sup>ST</sup>: \_\_\_\_ \_

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SCHOOL: \_\_\_\_\_  
(MM/DD/YYYY) (FALL 2017)

GRADE: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

APT #: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

2017 TEAM: \_\_\_\_\_

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**PLEASE LIST ANY OTHER FAMILY MEMBERS PARTICIPATING IN THE FOOTBALL PROGRAM AND RELATIONSHIP TO CHILD:**

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**PRIMARY GUARDIAN INFORMATION**

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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**SECONDARY GUARDIAN INFORMATION**

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**MEDICAL INFORMATION**

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DOCTOR: \_\_\_\_\_ DOCTOR PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DO YOU HAVE MEDICAL COVERAGE: YES / NO

INSURANCE COMPANY: \_\_\_\_\_

**TACKLE FOOTBALL SIGN UP FEE \$** \_\_\_\_\_ .

**FLAG FOOTBALL SIGN UP FEE \$** \_\_\_\_\_ .

**CASH OR CHECK**

RELEASE CONSENT AND PARTICIPATION AGREEMENT  
PLEASE READ CAREFULLY BEFORE SIGNING

I, the parent ( or legal guardian ) of the above name child, do hereby give my approval for his/her participation in any and all Texas Six Man Youth Football Association activities during the current season. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Association, Board Members, Coaches, the organizers, sponsors, supervisors, participants and any person connected to the Texas Six Man Youth Football Association.

To Whom It May Concern: This is to certify if either parent ( or legal guardian ), of the named child, is **NOT** present at any Texas Six Man Youth Football Association activity (be practice, official League play or other activity) and he/she is hurt as result of accident, injury, or illness, I, the parent (or legal guardian) hereby grant permission to the adult manager, coach, or sponsor of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all practice league activities, including the period required to travel to and from those activities, and we do hereby waive, release, absolve, indemnify and agree to hold harmless the Texas Six Man Youth Football Association.

I, the parent (or legal guardian) of the above mentioned child, understand the main philosophy of the Texas Six Man Youth Football Association is to teach good sportsmanship. By registering my child to participate in the Texas Six Man Youth Football Association, I agree to exhibit good sportsmanship and abide by all the rulings of the official in charge at any Texas Six Man Youth Football Association activity.

PRINTED NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_