

PREMIERE YOUTH FOOTBALL ASSOCIATION 2016

CHICO COMMISSIONER: MONTY FORBUS (940)393-5095

TACKLE FOOTBALL: \$120

MIDGET 1ST-2ND GRADE _____

PEEWEE 3RD-4TH GRADE _____

JUNIOR 5TH-6TH GRADE (MAX 12 YRS OLD BEFORE 9/1) _____

PLAYERS NAME: _____ GRADE: _____ AGE AS OF 9/1 _____

JERSEY SIZE: PLEASE CIRCLE ONE

YOUTH: XS S M L

ADULT: S M L XL

PARENT/GUARDIAN NAME _____ PHONE# _____

PARENT/GUARDIAN NAME _____ PHONE# _____

____ YES I'M INTERESTED IN COACHING/ASSISTANT

NAME _____ PHONE # _____

IS THERE ANY MEDICAL CONDITIONS PREMIER YOUTH FOOTBALL ASSOCIATION SHOULD BE AWARE OF WITH YOUR CHILD? ____YES____NO

IF YES, LIST DETAILS: _____

I UNDERSTAND PLAYER MUST HAVE AN ADULT WORK CONCESSION STAND OR \$20 BUYOUT.
PLEASE INTIAL HERE _____

I HEARBY CERTIFY THAT ALL INFORMATION GIVEN ABOVE IS TRUE AND CORRECT. I REALIZE PREMIER YOUTH FOOTBALL ASSOCIATION IS A NON-PROFIT AND VOLUNTARY PROGRAM INSTITUTED FOR THE BENEFIT OF THE CHILDREN AND COMMUNITY. I WILL NOT HOLD THE ASSCIATION, VOLUNTEERS, COACHES OR ANYONE CONNECTED WITH ANY LEAGUE ACTIVITIES RESPONSIBLE FOR INJURIES TO MY CHILD IN NORMAL PURSUIT OF SAID ACTIVITES. I HEREBY AUTHORIZE THE COACH TO OBTAIN MEDICAL ATTENTION FOR MY CHILD IN CASE OF AN EMERGENCY. I AGREE TO PAY ALL MEDICAL COST FOR TREATMENT TO MY CHILD IF NECESSARY.

PARENT/GUARDIAN NAME: _____

SIGNATURE: _____ DATE _____

PLEASE MAKE CHECKS PAYABLE TO: CHICO YOUTH FOOTBALL

PLEASE SEE OUR FACEBOOK PAGE FOR ADDITIONAL INFO AND UPCOMING EVENTS: CHICO YOUTH FOOTBALL

PAYMENT TYPE: _____ AMOUNT: _____ INITIALS: _____