Southwest Youth Flag Football League
Player Registration Form
2020

☑ New Participant
☐ Returning Participant

Name of Player		**Street Address**		**City, State, Zip**
Age	**Date of Birth**	**Grade**	**Sex** ☐M ☐F	**School**
Home Phone ( )		**Cell Phone** ( )		**Work Phone** ( )
Email				**Would you like to receive SWYFFL news/updates via email?** ☐Y ☐N

Select One of the Following Age Divisions

☐ **4 & 5** ☐ **6 & 7** ☐ **8 & Under** ☐ **10 & Under**
☐ **12 & Under** ☐ **14 & Under**

Team (If not yet on a team, check Free Agent)	**Free Agent** ☐Y ☐N

I am interested in ☐ **Coaching a Team** ☐ **Sponsoring a Team**
Contact Number: ( )

I give my permission for my child to participate in the Southwest Youth Flag Football League. I accept full responsibility for any injury which may occur, and will in no way whatsoever hold the Southwest Youth Flag Football League, Richard Thomas, the City of El Paso, Department of Parks and Recreation, SISD, YISD, CISD, or any employee or representative of the above named parties.

I represent and warrant that I am the parent or legal guardian for the participant named above, that I am of legal age and that I have read and fully understand the foregoing participant's release. All the information supplied is correct to the best of my knowledge

***Fee is $65. No refunds once season has begun.**

Please make checks payable to: Richard Thomas. There will be a $25 charge on all returned checks

_____ _____
Parent/Guardian Name (Print) Parent/Guardian Signature

THIS PORTION TO BE FILLED OUT BY YOUR SWYFFL REPRESENTATIVE
Birth Certificate: ☐ On File ☐ New Date Received:
Method of Payment: ☐ Cash ☐ Check #_____ Amount Paid: $ Date Rec'd: