Keystone Youth Football & Cheerleading League

REGISTRATION FORM FOR 2024

SMURF FOOTBALL (Age 5,6,7) _____
JV FOOTBALL (Age 8,9) _____
MID VARSITY FOOTBALL (Age 10, 11) _____
VARSITY FOOTBALL (Age 12, 13, 14*) _____
AGES on September 1
***14-year-old 9th graders must turn 15 after December 31**

SMURF CHEERLEADING (Age 5,6,7) _____
JV CHEERLEADING (Age 7,8,9) _____
MID VARSITY CHEERLEADING (Age 9,10,11) _____
VARSITY CHEERLEADING (Age 11,12,13,14*) _____
AGES on **September 1**
***14-year-old 9th graders must turn 15 after December 31**

PARTICIPANTS NAME _____ Have you played/cheered for any other KYFCL team? Yes____ No____ Who_____

STREET ADDRESS _____

TOWNSHIP/BOROUGH/COUNTY _____

CITY _____ STATE: _____ ZIP: _____

PHONE NUMBER _____ E-MAIL _____

BIRTH DATE _____ AGE (on **9/1**) _____

GRADE: _____ SCHOOL: _____
(As of 9/2024)

WEIGHT (FOOTBALL ONLY) _____
SMURF; 80 max (81-unltd red striped); J.V. 105 max (106-unltd red striped); Mid 135 max (136-unltd red striped); Var 170 max (171 -unltd red striped)
CHEERLEADER PARTICIPATES ON OTHER TEAMS: _____

Mother's Name: _____ **Fathers Name:** _____

Legal Guardian (if not parents): _____

Home Phone: _____ Work Phone: _____

Emergency contact: _____ Phone: _____

ALL PARTICIPANTS MUST PROVIDE COPY OF BIRTH CERTIFICATE AND OBTAIN A PHYSICAL BEFORE ANY PARTICIPATION MAY BEGIN

I/WE, do hereby give my / our approval and permission for the above named individual to participate in any and all activities of the _____. I/WE assume all risks, hazards and incidences to such participation including transportation to and from all activities. I/WE do hereby waive, release, absolve, indemnify and agree to hold harmless the _____ and the Keystone Youth Football League, Inc., the organizers, sponsors, participants, and persons transporting MY / OUR child to or from activities, for any claim arising out of any injury to MY/OUR child whether the results of negligence or for any other cause. I/WE give permission to the _____ to seek medical treatment for MY/OUR child in the event of an emergency. In the event of an injury that requires a physician's treatment I/WE agree that the participant MUST present to _____ a release from a physician to resume any physical activity.

_____

In the event of any emergency that would require transportation to a hospital the participant is to be transported to _____or any local Hospital Emergency Care Unit and Physician to initiate preliminary studies such as x-rays and/or laboratory studies on MY/OUR child. It is understood that a representative from _____ __ has made every attempt to make contact with Parent/Guardian Or Emergency Contact before transportation decision is made.

It is understood that I/WE are responsible for all equipment issued by _____.
All equipment <u>MUST</u> be returned immediately upon resignation of participant or at the end of the season on the scheduled equipment return days. I/WE agree that all equipment is to be returned clean and in as good of as condition as when received, except for normal wear and tear. If equipment is not returned or is not in good condition it is understood that I/WE are responsible for the cost to replace the equipment in question.

I/WE acknowledge that I have read all of the above and all information is correct and actual.

_____ _____
FATHER / GUARDIAN SIGNATURE *PHONE*

_____ _____
MOTHER / GUARDIAN SIGNA TURE *PHONE*

_____ _____
INSURANCE COMPANY NAME *POLICY NUMBER*

Please List Health / Physical Disadvantages and Any Medications Including The Name And Dosage, Child Is Presently Taking:

_____

_____

_____