

Check # _____
Amt. _____

**EASTLAKE YOUTH FOOTBALL LEAGUE
REGISTRATION AND EMERGENCY FORM**

Players Name Birth Date - Mo. Day Year Current Age

Address City Zip

Home number Cell number

Weight/Height Team played for last year Grade (fall) Playing Age

Email Address (Required)

Sibling playing in league? If yes, name of player and team

**1 COPY OF PLAYER'S BIRTH CERTIFICATE IS REQUIRED BY THE FIRST DAY
OF PRACTICE!**

Hospital Information In Case Of an Emergency

Is child covered by hospitalization? Yes No

If yes, name of coverage and claim number _____

Name and phone number of child's doctor _____

Emergency contact name and phone number #1 _____

Please indicate any physical limitations (allergies, asthma, bee stings, etc.) _____

*In case of an emergency, I give the coaches and/or supervisors of the Eastlake Youth Football League permission to have my child transported to the nearest emergency room for treatment.

*I/we the parents of the above named candidate for a position in the Eastlake Youth Football League, hereby give my/our approval in any and all Eastlake Youth Football Activities including transportation to and from activities. I/we know that participation in Youth Football may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify and agree to hold harmless the Eastlake Youth Football League, the organizers, sponsors, supervisors, participants and persons transporting my/our child, any activities for any claim arising out of injury to my/our child whether the result of negligence or for any other cause, except to the extent of and the amount covered by accident or liability insurance.

*You are responsible for returning all issued equipment **prior** to the banquet. Equipment must be returned in reasonably good condition and thoroughly cleaned, including helmets.

***All** returned checks will be assessed a \$20.00 returned check fee.

Signature of parent/guardian Date