

Central Iowa Youth Football League Inc.

Player Registration Form

MADRID YOUTH FOOTBALL

Madrid Youth Tackle Football – 2017

Member of the Central Iowa Youth Football League Inc.

To be involved in the Youth Tackle Football Program please fill out the attached registration form and include the following fees to the organization and address listed below. Please include your child's weight in the appropriate box on the form. Certain positions have weight restrictions. Practice will start in mid-August. Uniforms provided. Player will need to wear molded rubber cleats. Most soccer, baseball and football cleats are fine - no metal/hard plastic.

We are in a league with Earlham, Panora, Perry, Van Meter, Woodward-Granger and West Central Valley. There are approximately 6 games. Practice will start mid-August and games will start mid-September. Third and fourth grade play their games on Saturday morning. Fifth and sixth grade play their games on Sunday afternoon.

Registration Form & Fee: \$100.00 due by June 5th. We definitely need a count of kids going out by then to start getting equipment. Please email with any questions

Lwick28@msn.com or dsaxton00@gmail.com

Make Checks Payable To: Madrid Youth Football League

MYFL

c/o Dale Saxton

717 East 6th St

Madrid, IA 50156

I understand that this registration is in preparation for the 2017 football season. Fees paid at this time will allow your player to be a member of either a 3rd, 4th, 5th or 6th grade team dependent upon the grade your child is in during the 2017-2018 school year. Should your child not play next fall, this fee will be refunded. If you are interested in coaching please include your information with the registration form.

Please check the appropriate box for the grade the participant will be in for the '17-'18 school year:

3rd Grade 4th Grade 5th Grade 6th Grade

Parent or Guardian: _____

Date: _____

***Please email with any questions Lwick28@msn.com or dsaxton00@gmail.com**

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Athlete Information

***** MUST BE ACCURATE *****

<i>Last Name</i>	<i>First Name</i>	<i>Height</i>	<i>Weight</i>	<i>Date of Birth</i>
_____	_____	ft. in.	_____	_____
<i>Grade in Fall</i>	<i>School in Fall</i>	<i>League Participation</i>		
_____	_____	New Participant _____ Returning Player _____		

Football Experience: (Please check all that apply)

None Flag 1 year of full-contact 2 or more years of full-contact Participated in another full-contact League

Address and Contact Information

<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

<i>E-mail Address(es)</i>			

<i>Parent / Guardian #1</i>	<i>Relationship to player</i>	<i>Home Number</i>	<i>Day or C-Phone</i>
_____	_____	_____	_____
<i>Parent / Guardian #2</i>	<i>Relationship to player</i>	<i>Home Number</i>	<i>Day or C-Phone</i>
_____	_____	_____	_____
<i>Primary Emergency Contact Name</i>	<i>Relationship to player</i>	<i>Home Number</i>	<i>Day or C-Phone</i>
_____	_____	_____	_____

Waiver and Medical Information

I/we know that participation in football may result in serious injuries and protective equipment does not prevent all injuries to player, and do hereby waive, release, absolve, indemnify and agree to hold harmless the CIYFL/MYFL, the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause. I/we also give our permission for the coach to give or seek medical attention as needed in emergency situations. I/we hereby give my/our approval to participate in any and all CIYFL/MYFL activities, including transportation to and from activities.

Signature of Parent or Guardian

Date

Emergency Contact

Physician Name and Phone Number

Please use the back of this form to comment on any special or medical conditions your child has that you want us to be made aware of.

ADMINISTRATIVE USE ONLY

IMPORTANT:

FOR THIS REGISTRATION TO BE CONSIDERED COMPLETE AND VALID FOR PROCESSING, IT MUST BE RECEIVED BY MYFL & HAVE THE FOLLOWING DOCUMENTS ATTACHED:

- 1) A Signed 'PARENTAL CODE OF CONDUCT' Form (distributed by coaches prior to first practice)
- 2) A CHECK OR MONEY ORDER In The Amount Of \$100.00 Payable To MYFL

Program Fee _____
 Check No. _____

FORWARD TO: Madrid Youth Football League, Dale Saxton 717 East 6th St Madrid, IA 50156

Receipt Date _____

THANK YOU FOR SUPPORTING THE CIYFL & MYFL!!