



Division:  FR  SO  JR  SR

## Crosby Youth Football League

P.O. Box 1733 Crosby, TX 77532

Website: <http://www.crosbyfootball.org/>

Email: [board@crosbyfootball.org](mailto:board@crosbyfootball.org)



### 2011 Registration Form

**Player Information** ■ Football (FB) \$150.00    ■ Cheerleader (CL) \$125.00

Child's Name (First, MI, Last):	
Address:	Birth Date (MM/DD/YYYY):
City, Zip:	Age (as of July 31, 2011):
Phone:	Grade in Fall, 2011:
Subdivision:	School Attending in 2011:

**Parent/Legal Guardian Information**

Father/Guardian's Name:	Mother's Name:
Address (if different):	Address (if different):
Home Phone (if different):	Home Phone (if different):
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Do you have Personal or Group Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete)	
Name of Insurance Company:	Employer:
Name of the Insured:	
Please list all pertinent medical information, physical limitations, problems or special needs:	
Emergency contact (other than parents):	
Phone #:	Relationship:

If your child participated with CYFL last season, what team was he/she on? \_\_\_\_\_

Other Sibling participant(s)? Name \_\_\_\_\_ Age \_\_\_\_ Football \_\_\_\_ Cheer \_\_\_\_

As a Parent, you will be required to participate in some league activities. Please check which activities you would be willing to assist:  
 Concession  Clock/Announcing  Scorekeeper  Chains  Team Parent  Field Set-up  Clean-up  Other

**Liability Waiver:** I, the parent/legal guardian of the above child, hereby give permission for him/her to participate in any and all Football/Cheer related activities during the current season. I assume all risks of hazards incidental to such activities. I hereby release, waive, and hold harmless the Crosby Youth Football League & Lone Star Youth Football Alliance, it's respective organizers, directors and coaches from any claims arising out of any injury or damages incurred during or en route to such activity.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Authorization Form:** I, the parent/legal guardian of the above child, in the event of my absence, do hereby give my permission to Crosby Youth Football League, it's agents and directors to authorize any medical attention required when an injury has incurred to my child.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For CYFL Use Only:**

FB-Jersey Size:	CL-Uniform/Shirt Size:
FB-Pant Size:	CL-Bloomer/Skirt Size: