

# Manassas Youth Football League

## Registration Form



### Please Print Clearly

Today's date:				Registrar:									
<b>REGISTRANT INFORMATION</b>													
Last name:		First:		Middle:		ID Type / no.:							
Birth date:		Age as of October 1:	Height:		Weight:	Elementary School District:							
Street address:					Home phone no.:								
City:			State:		ZIP Code:								
<b>PLAYING HISTORY</b>													
Weight Class Experience: (ex. AB - 95 lb)			Years of Experience:			Years w/MYFL:							
Projected Wt. Class: AB 75# 85# 95# 110# 125# 150#													
<b>Football Player Eligibility Chart</b> <ul style="list-style-type: none"> <li>• Player's Age as of October 1<sup>st</sup></li> <li>• Reg. Fees:                             <ul style="list-style-type: none"> <li>○ Through May 31 - \$135</li> <li>○ After May 31 - \$150</li> </ul> </li> <li>• Refunds given prior to first weigh-in less a \$25 processing fee.</li> <li>• Returned Check Fee is \$30</li> </ul>			<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	
			<b>AB</b>	UNL	90	55							
			<b>75#</b>		95	85	80	75					
			<b>85#</b>			105	95	90	85				
			<b>95#</b>				115	105	100	95			
			<b>110#</b>					130	120	115	110		
			<b>125#</b>						145	135	130	125	
	<b>150#</b>							170	160	155	150		
<b>SPONSOR INFORMATION</b>													
Parent/Guardian:		Parent/Guardian:		Cell1 phone no.:		Cell2 phone no.:							
Employer1:		Employer1 phone no.:		Employer2:		Employer2 Phone no.:							
Employer1 address (City, State):		Occupation1:		Employer2 address (City, State):		Occupation2:							
Email Address(es):													
<b>INSURANCE INFORMATION</b>													
Is this Registrant covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No      Subscriber's relationship to registrant:													
<input type="checkbox"/> Insurance		<input type="checkbox"/> Welfare		<input type="checkbox"/> Other		Group no.:							
Subscriber's name:		Subscriber's Medical no.:			Policy no.:								
Special Medical Conditions:													
<b>IN CASE OF EMERGENCY</b>													
Name of local friend or relative (not living at same address):			Relationship to registrant:		Home phone no.:		Secondary phone no.:						
<h2>Continued on Next Page</h2> <h3>Authorizing Signature Required</h3>													

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### Participation Authorization

**As Parent/Guardian** of the child registered hereon, I give approval for the child's participation in this activity, assume all risk of participation including transport to and from the activity, and waive, absolve, and agree to hold harmless Manassas Youth Football League (MYFL), the Prince William County Youth Football Commission (PWCYFC), and the Fairfax County Youth Football League (FCYFL) including their organizers, directors, supervisors, coaches, sponsors, participants, and any persons transporting said child to and from activities, for any claim arising out of an injury to said child.

**Initial:** \_\_\_\_\_

**I agree** to return the uniform and equipment issued to my child in as good a condition as when it was issued save for normal wear and tear. If in the event I do not return all equipment at the end of my child's football/cheerleading season, then I agree to pay MYFL the amount of \$300.00 to replace said football equipment and/or \$150 for said cheerleading uniform and litigation costs arising from the collection of said equipment and/or uniform.

**Initial:** \_\_\_\_\_

**I agree** to financially support MYFL to the fullest extent possible, including participation in fundraisers (raffle and PPK) and to volunteer my time to serve at the Mayhew Park concession stand as the league deems necessary.

**Initial:** \_\_\_\_\_

**I hereby** grant MYFL (including but not limited to: organizers, directors, supervisors, and coaches) my consent to seek emergency medical attention for my son/daughter should the need arise during the course of the season. This consent will only be enacted in the event of my absence.

**Initial:** \_\_\_\_\_

**I attest** that the above information is true and correct to the best of my knowledge and that I have been informed that knowingly falsifying registration content may result in sanctions against my child's participation.

**Initial:** \_\_\_\_\_

**Printed Name of Parent/Guardian:**

**Signature of Parent/Guardian:**

**Date:**

#### MYFL OFFICIAL USE ONLY

Registered By:

Amount Paid:

Official Age:

Reg. Wt.:

Team Placement:

Cheerleader

AB 75# 85# 95# 110# 125# 150#

Method of Payment:

CASH CHECK

Bank:

Check #:

Comments:

Please turn in this form at one of our registrations or mail this with your payment to:

Manassas Youth Football League  
PO Box 1574, Manassas, VA 20108  
Fax: 703-940-8048