

2009 YFL Inc. Registration Form

www.youthfbleague.com

REGISTRATION DEADLINE: May 31st, 2009

Cost

\$85 if registration is received before May 31st. **REGISTER NOW DUE TO POSSIBLE LIMIT ON PARTICIPATION.** Registration after May 31st is \$125. (Make checks payable to YFL). Mail registration form and fee to: YFL, PO Box 1794, Bismarck, ND 58502. **No Refunds after May 31st.**

When

League starts August 17th, 2009 and ends October 4th, 2009.

League Information

Full Season of games with the final game of the season played at the Community Bowl. The YFL is based on giving 3rd and 4th graders from the Bismarck / Mandan area the opportunity to play organized contact football in a fun and controlled environment. League will provide a helmet, shoulder pads, pants w/pads, and a game jersey for child's use during season. The dates and locations of practices and games will be announced at a later date. For more information, go to our website: www.youthfbleague.com or call Bruce Schumacher at 400-4127 or Wade Kadrmas at 400-2489.

(Cut along line. Mail only lower part of form.)

2009 YFL Inc. REGISTRATION FORM

CHILD'S NAME: _____ GRADE IN FALL OF 2009: _____

SCHOOL CHILD ATTENDS: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PARENTS/GUARDIAN: _____

PHONE NUMBER(S): _____

Health Insurance Company: _____ Insurance Policy Number: _____

As a condition of enrollment the following must be signed and dated by the child's parent or guardian.

The child, in participating in the Youth Football League Inc. and in using any facility and equipment, does so at his/her own risk. The league directors, coaches and all other employees shall not be liable for any damage arising from personal injury sustained by the child while is participating in the Youth Football League Inc. The child and his parents assume full responsibility for any damages or injuries which may occur to the child during practice/games and so hereby fully and forever discharge the Youth Football League Inc., its owners, employees and agents from all and any claims, demands, damages, right of action or causes of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the child's participation in the Youth Football League Inc. practices/games and in the use of the facilities. I/We the undersigned hereby authorize first aid, medication, medical treatment or surgery deemed necessary for my child, a participant in the Youth Football League Inc. I/We understand the I/We will be responsible for any expenses incurred on my child's behalf in connection with such treatment. I certify that to the best of my knowledge, my child is in good physical condition and has no disease or injury that would impair him/her to perform in training or competition.

Your child must successfully complete an athletic physical and copies of appropriate forms must be given to league directors before child will be allowed to participate in practice and/or games.

I / We hereby consent to the participation of my child, _____ in the Youth Football League Inc. If my child fails to obey the competition and league rules, the Directors have the authority to expel my child from the league.

Parent/Guardian Signature _____

Date _____

*****PARENTS – If you are interested in coaching a team, please write your name and phone number on the bottom of this form and we will contact you as the start of the season gets closer.**