

Sex: M / F Weight: \_\_\_\_\_ lbs. Birthdate: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**LEAGUE AGE: Jr. PW Cannot turn 10 before 11/01/2011; PW Cannot turn 13 before 11/01/2011;**  
**Midgets cannot turn 15 before 11/01/2011**

Name: \_\_\_\_\_  
 Last First Middle  
 Address: \_\_\_\_\_  
 # & Street City State Zip  
 Father's Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Health Insurance: \_\_\_\_\_  
 Carrier Policy #

EMERGENCY PHONE NUMBERS	
HOME:	
FATHER'S WORK:	
CELL:	
MOTHER'S WORK:	
CELL:	

**By signing below we (parent/guardian) assert that the address we have listed is true, and if falsified we understand that disciplinary action will take place with the team as well as termination of my child from the team.**

### 1. MEDICAL HISTORY

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Current Medications: \_\_\_\_\_

	YES	NO
Allergies: if yes specify		
Glasses/Contacts		
Fractures: within (1) year		
Dental Braces or Bridges		
Blood Disease HIV/Infections?		

	YES	NO
Head Injuries within (1) year		
Serious Illness Specify _____		
Tetanus Shot Date: _____		
Surgery within past year		

	YES	NO
History of heart murmur?		
Kidney Disease?		
Diabetes?		
Seizures?		
Repeated Bone or Joint Injuries?		

### 2. EMERGENCY MEDICAL RELEASE

I/We the parents or guardians of the above named applicant give our permission for any emergency treatment necessary, either of the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injury resulting from any scheduled Monterey Bay Youth Football League function, including the supervised travel to and from said functions. Furthermore, I/We accept responsibility for the accuracy of all information supplied on this application. I/We understand that any false information can result in immediate dismissal of the player and/or cheerleader named above. I/We the parents or guardian of the above named applicant to Monterey Bay Youth Football League assume all risks and hazards incidental to such participation, including transportation to and from activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Monterey Bay Youth Football League, The Organization, Sponsors, Supervisors, Coaches, participants and any persons transporting the applicant, except to the extent and in the amount covered by accident or liability insurance. I/We are to be financially responsible for the Monterey Bay Youth Football League equipment issued to applicant other than normal wear and breakage during games and practice and I/We will reimburse the Monterey Bay Youth Football League for the loss and damage to said equipment.

### 3. SCHOLASTIC STANDING

I/We the undersigned certify that the above name applicant attends \_\_\_\_\_ school and is at or above grade level.

### 4. PARENTAL CONSENT

I/We the parents/guardians of the above named applicant give our permission for the applicant to compete as a player/cheerleader in the Monterey Bay Youth Football League. I/We, the undersigned, and all family and friends agree to abide by the Monterey Bay Youth Football League Code of Conduct/participation agreement at all Monterey Bay Youth Football League games and events.

I/We the parents/guardians of the above named applicant have read, understand and agree or attest to items one (1) thru four (4) of this registration form.

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_

Email Address if you want MBYFL updates via email \_\_\_\_\_

# Monterey Bay Youth Football League Player Identification Card

Player: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ League Age \_\_\_\_\_

Jersey No.: \_\_\_\_\_ Weight \_\_\_\_\_ lbs.

Team: \_\_\_\_\_

School: \_\_\_\_\_

Jr. PW 6-7-8yrs 45-90lbs 9yrs. 65 lbs MAX Weight Chart is for Football Only							
9	10	11	12	11	12	13	14
65 - 120 lbs			100lbs	90 - 160 lbs		140lbs	

**If football player is over or under weight, enter the exact weight to weight column and both weigh masters must initial. Otherwise enter O.K. to the weight column and the initials of one weigh master.**

Photo will be taken by Team  
Official of Player in Game  
Jersey and attached here

	DATE	WEIGHT	INITIALS	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**EXAMINING PHYSICIAN'S STATEMENT**

I hereby certify that \_\_\_\_\_ was examined by me on \_\_\_/\_\_\_/2011 and found physically fit to engage in Monterey Bay Youth Football League Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CERTIFICATION OF PLAYER**

TEAM PRESIDENT \_\_\_\_\_ DATE \_\_\_/\_\_\_/2011

HEAD COACH \_\_\_\_\_ DATE \_\_\_/\_\_\_/2011

MBYFL LEAGUE OFFICIAL \_\_\_\_\_ DATE \_\_\_/\_\_\_/2010