

# Registration Form 2017/2018



**Pullman Youth Football Association**

|                            |                                  |                      |
|----------------------------|----------------------------------|----------------------|
| <b>Players Name:</b> _____ | <b>Birthdate:</b> ____/____/____ | <b>Grade:</b> _____  |
| Address _____              | <b>Weight:</b> _____             | <b>Height:</b> _____ |
| Parent 1 _____             | Parent 2 _____                   |                      |
| Cell # _____               | Cell # _____                     |                      |
| Home # _____               | Home # _____                     |                      |
| Email _____                | Email _____                      |                      |
| (Please print CLEARLY)     | (Please print CLEARLY)           |                      |

### Medical Information

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ ID Number: \_\_\_\_\_

| Emergency Contact Name: | Relationship: | Phone: |
|-------------------------|---------------|--------|
| 1                       |               |        |
| 2                       |               |        |
| 3                       |               |        |

**Special Medical Instructions:**

**Allergies: Please check the following**

{ } Food    { } Bee sting    { } Medication    { } latex    { } other

*Please explain:*

If in the event that my child is injured or should require medical attention, I hereby authorize Pullman Youth Football Association to secure necessary medical treatment. Confirmation of this authorization should be made with me prior to treatment by calling the number(s) listed above. In case I cannot be reached for an emergency, medical treatment as described above may proceed without further authorization. Also, in consideration of your accepting my child's entry, I hereby assume for myself/my child all risks for damages I/my child may have against the Pullman Youth Football Association or it's volunteers connected with the program. I also acknowledge for myself/my child that the *Pullman Youth Football Association provides no medical coverage of any kind for any accidents or injuries that might result during participation in Pullman Youth Football Association activities.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fees:** Each family must provide 3 Separate checks.

**\$150-** Player Registration fee. (cash)      **\$150-** Damage Deposit (Cashed if equipment is not returned or is damaged)

**\$45** Personalized jersey    **\$50** Volunteer Opt Out Fee- cashed if you choose not to volunteer a minimum of 1hr during the season