

TYFSF 2020 7 VS 7 Football Registration Form
\$300.00 Per Team 12 Man/Women Roster

Team/Association Name: _____

Circle one: Flag 8U 9&10U 11&12U 13&14U

Please Print:

Players Last Name _____ Players FirstName _____

Birth Date ____/____/____ (MM/DD/YY) Sex: M F Age _____

Address _____ City _____

Zip _____ Phone _____

Parent #1 Name _____ Cell Phone _____

Parent #2 Name _____ Cell Phone _____

#1 _____ @ _____
Email Address

#2 _____ @ _____
Email Address

Medical/Civil Liability release form

I, _____ legal guardian of
_____ authorize **7 VS 7** coaches and those
associated with the **7 VS 7** program to administer first aid treatment for any
MINOR INJURIES received by my child during the **7 vs 7**. If the sustained
injuries are life threatening or requires emergency treatment, I authorize **7 vs**
7 program coaches or its representatives to summon any or all professional
emergency personnel to attend, transport and treat my child. If the sustained
injury requires hospitalization, I understand that I, or my medical company,
am solely responsible for all bills and claims that may be filed as a result of
the injury. I also agree to maintain health insurance for my child while
he/she participates in the **7 vs 7** program.

Parent or Guardian Signature: _____

Date: _____