VIGO YOUTH FOOTBALL LEAGUE
2015

http://www.vigoyouthfootballleague.com

7 on 7 Registration Form
Cost: $25.00

* You may include payment with this form and mail to: VYFL, P.O. Box 3142, Terre Haute, IN 47803
* 7 on 7 registration form must be received by May 18th

Please Print Clearly

_____ _____/____/_____ _____
Player's Full Name Date of Birth Age (as of June 1st)

Circle 2014/2015 school year grade: 4th Grade 5th Grade 6th Grade 7th Grade

Current School: _____

Shirt Size: YS YM YL AS AM AL AXL

_____
Player's Complete Address City State Zip Code

_____ _____ _____
Main Contact Phone (indicate: home/work/cell) Adult Contact (indicate relationship) Primary E-mail Address

_____ _____ _____
Secondary Phone (indicate: home/work/cell) Secondary Adult (indicate relationship) Secondary E-mail Address

If the player has a medical condition that could affect or limit their participation please notify the coach as soon as your child is assigned to a team. If the player's medical condition could require immediate medical attention you are responsible to have somebody present at all times to provide immediate treatment if necessary.

I / We, the Parents of the Above-named Candidate for a Position on a Vigo Youth Football League Team, Hereby Give My/Our Approval of His/Her Participation in Any and All Vigo Youth Football League Activities. I / We Assume All Risks and Hazards Incidental to Such Participation Including Transportation to and from the Activities; and I / We Waive, Release, Absolve, Indemnify and Agree to Hold Harmless Vigo Youth Football League, Sponsors, Supervisors, Participants, and Parents Transporting My/Our Child(ren) to and from Activities for Any Claim Arising out of Injury to My/Our Child(ren) Whether the Result of Negligence or for Any Other Cause, Except to the Extent and in the Amount Covered by the Accidental or Liability Insurance.
I / We Agree to Abide by the Rules Set Forth by Vigo Youth Football League.

Name: _____ Date: _____
Parent or Guardian Signature

LEAGUE USE ONLY:
PAYMENT: CHECK#_____ CASH AMT_____ AMOUNT PAID_____ BALANCE DUE_____
SIBLING_____
(A $34 fee will be charged for return checks)

ASSIGNED TEAM: _____