VIGO YOUTH FOOTBALL LEAGUE
Registration Form

Membership Fee: $80.00

* A $5.00 discount will be applied to each ADDITIONAL player registration for families with multiple players.
* You may also include payment with this form and mail to: VYFL, P.O. Box 3142, Terre Haute, IN 47803
* A copy of the player's birth certificate is required for complete registration.
* Equipment will not be handed out at time at registration.

* IMPORTANT: Registration will be paid in full before equipment is handed out to any player – no exceptions.

Please Print Clearly

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

Circle Fall Grade: 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

Circle District: North South West

School to be attended this fall: _____

Player's Complete Address Above City State Zip Code

_____ _____ _____
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 Above

EQUIPMENT: I / We Agree to return upon request any equipment issued to my/our child(ren) in as good condition as when received except for normal wear and tear.

Name: _____ Date: _____
Parent or Guardian Signature Above

LEAGUE USE ONLY:
PAYMENT: CHECK#_____ CASH AMT_____ AMOUNT PAID_____ BALANCE DUE_____

ASSIGNED TEAM: _____