

## APPALACHIAN YOUTH FOOTBALL LEAGUE REGISTRATION FORM

NAME OF PLAYER: \_\_\_\_\_

NAME OF TEAM: Jacksonville Golden Eagles - (A, B, C) Team - JYFA

I/We do hereby give my/our permission to become a member of said team. I understand, that by giving permission to play for said team, that my child must continue to play for said team until football eligibility in the APPALACHIAN YOUTH FOOTBALL LEAGUE has expired. This assignment to a team can only be released by the team coach by issuing a written release of the assignment.

DATE: \_\_\_\_\_ TEAM ACCEPTANCE BY: \_\_\_\_\_  
(HEAD COACH'S SIGNATURE)

### RELEASE OF ACTION

I/We, the parents of the above named individual, who is a candidate for a position on the team, hereby give my/our approval to participate in any and all activities relevant to being a member of said team. I/We do further hereby further release, absolve, indemnify and hold harmless the JACKSONVILLE YOUTH FOOTBALL ASSOCIATION, ETOWAH COUNTY FOOTBALL OFFICIALS ASSOCIATION, APPALACHIAN YOUTH FOOTBALL LEAGUE and teams of said League included therein and other players, and any Coaches of said Teams in case of injury to my/our child. I/We waive all claims to them. I/We likewise release from responsibility any person transporting said child to and from activities.

PARENT SIGNATURE(S): \_\_\_\_\_

DATE: \_\_\_\_\_

**\*\*YOUR CHILD IS REQUIRED TO BE COVERED BY SOME FORM OF HOSPITAL AND ACCIDENT INSURANCE.\*\***

**ATTACH A COPY OF BIRTH CERTIFICATE TO THIS PAGE**

### JYFA INFORMATION

#### FOOTBALL REGISTRATION FEES

**\$115** for 1<sup>st</sup> player, **\$105** for 2<sup>nd</sup> player, **\$95** for remaining players in family.

(Send Check and Registration Form to: JYFA, PO Box 492, Jacksonville, AL 36265 or there is a drop box in Jacksonville Public Library and Jacksonville Parks and Recreation for Forms and Fees.)

#### JYFA OFFICERS

PRESIDENT  
Jody Pridgen  
(256) 310-3284

VICE PRESIDENT  
Luke Jackson  
(256) 399-5016

TREASURER  
Sheena Sawyer  
(256) 310-1199

## APPALACHIAN YOUTH FOOTBALL LEAGUE APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL: Kitty Stone Elementary School GRADE (2017-2018): \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE (on July 31st): \_\_\_\_\_ BEST PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TEAMS -     A Team – Ages 10-12 (Before July 31st - 6th Grade or lower)  
               B Team – Ages 8-9  
               C Team – Ages 5, 6, 7 (Must be in at least Kindergarten)

***\*ATTACH CURRENT PHOTO HERE\****

***(Do not include photo now. We will provide after player receives their jersey)***

### MEDICAL CERTIFICATION

THE ABOVE NAMED IS PHYSICALLY FIT FOR COMPETITIVE SPORTS.

DATE: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

B/P: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: (X) \_\_\_\_\_