

YORK COUNTY YOUTH FOOTBALL ASSOCIATION

REGISTRATION FORM

YCYFA AUTH _____ DATE _____

LEVEL PONY

SEASON 2020

PLAYER NAME _____ DATE OF BIRTH _____
ADDRESS _____ PHONE NUMBER _____
YEARS OF EXPERIENCE _____

HEALTH CERTIFICATION

HEALTH INSURANCE _____ POLICY NO. _____

*****BELOW TO BE COMPLETED BY PHYSICIAN*****

CLEARED TO PLAY FOOTBALL _____
RESTRICTIONS _____
PHYSICIAN SIGNATURE _____
PHYSICIAN PRINTED NAME _____
ADDRESS _____ MEDICAL PROVIDER NO. _____

YORK COUNTY YOUTH FOOTBALL ASSOCIATION

REGISTRATION FORM

YCYFA AUTH _____ DATE _____

LEVEL MIDGET

SEASON 2020

PLAYER NAME _____ DATE OF BIRTH _____
ADDRESS _____ PHONE NUMBER _____
YEARS OF EXPERIENCE _____

HEALTH CERTIFICATION

HEALTH INSURANCE _____ POLICY NO. _____

*****BELOW TO BE COMPLETED BY PHYSICIAN*****

CLEARED TO PLAY FOOTBALL _____
RESTRICTIONS _____
PHYSICIAN SIGNATURE _____
PHYSICIAN PRINTED NAME _____
ADDRESS _____ MEDICAL PROVIDER NO. _____