

YORK COUNTY YOUTH FOOTBALL ASSOCIATION

REGISTRATION FORM

YCYFA AUTH _____ DATE _____

LEVEL Smurf

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. _____

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LEVEL Rink

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