## YORK COUNTY YOUTH FOOTBALL ASSOCIATION

## REGISTRATION FORM

**YCYFA** 

LEVEL	Smurf	SEASON	2020	DATE	
PLAYER NAME		_ DATE OF BIF	DATE OF BIRTH		
ADDRESS		PHONE	PHONE NUMBER		
YEARS OF EXPERIENCE					
HEALTH CERTIFICATION					
HEALTH INSURANCE			POLICY NO	O	
***BELOW TO BE COMPLETED BY PHYSICIAN***					
CLEARED TO PLAY FOOTBALL					
RESTRICTIONS					
PHYSICIAN SIGNATURE					
PHYSICIAN PRINTED NAME					
ADDRESS	S		MEDICAL P	ROVIDER NO	
LEVEL		OUTH FOO SISTRATION SEASO	N FORM	ATION  YCYFA AUTH DATE	
PLAYER I	NAME		DATE OF BIF	RTH	
ADDRESS					
YEARS OF EXPERIENCE					
HEALTH CERTIFICATION					
HEALTH INSURANCE			POLICY NO	_ POLICY NO	
***BELOW TO BE COMPLETED BY PHYSICIAN***					
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