

## MMYFCL 2018 Official Special Exception ID Card Form

1. This form must be filled out completely and brought in with the following.
  2. Original Birth Certificate, or a Certified Copy with a Raised Seal, or Passport (no photocopies, Hospital Notifications of Birth or Baptism Certificates accepted.)
  3. \$30.00 (Cash Only).
  4. ID CARD (below) with TYPED INFORMATION. Top of the form may be hand written.
  5. **Players must be present. Pictures will be taken of the players onsite.**
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ALL INFORMATION BELOW MUST BE COMPLETED BY PARENT/GUARDIAN

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Player's  
Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Program Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ MD \_\_\_\_\_ Zip \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age (as of 8/1/18) \_\_\_\_\_ Grade in September \_\_\_\_\_  
School \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Sex \_\_\_\_\_

PLAYER LIVES WITH MOTHER \_\_\_ FATHER \_\_\_ GUARDIAN \_\_\_

Mother's Full Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father's Full Name \_\_\_\_\_  
Address (only if different from above) \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*I hereby certify that all the above information is true, and I will assume any and all risk and liability in the above player's participation in this youth football program. I also agree to return all equipment that is issued or will pay for its replacement.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE!! - MMYFCL WILL FILL THIS OUT

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ID #18-

Date: