



Greene Dragon Youth Football League

Fall Football Registration Form

- 1) Make checks for _____ registration fee payable to Greene Dragons Youth Football
- 2) Registration Forms must be completed along with payment

Player's Name: _____ Date of Birth: _____

Player's address: _____

Parent/Guardian Names: _____

Parent/Guardian Address: _____

Parent/Guardian Phone #: _____ (H) _____ (C) _____ (W)

Grade Player will be in Fall 22': _____ School Player will attend in the Fall: _____

Players Age as of August 1, 2022: _____

New or Seasoned Player: _____ League Played Last Year: _____

Total Years Playing Tackle: _____ Estimated Weight: _____

NO REFUNDS: Equipment will be issued when FULL Registration payment is received. Players will NOT be allowed to participate in the Greene Dragons if payment is not made in full. If a check is returned for NSF, a fee of \$35 will be added to your balance. Fees include rental of game helmet, shoulder pads, game jersey, insurance, field usage and refs. Uniforms and equipment are property of Greene Dragons and must be returned within 5 days of the end of season. I agree to pay the cost of any lost or damaged equipment issued to my child or me by Greene Dragons youth football.

Equipment: Equipment must be returned by the end of the season, clean and in good working order. Failure to return gear within 10 days of the last game will result in a \$350.00 fee to be assessed. If the organization must retrieve the gear, an additional \$100 fee will be assessed. In the event a player quits or is removed from the team, his/her equipment must be returned within 5 days of termination date. A \$5 per day late fee will be assessed if equipment is not returned during that time. By signing this form, I agree to these terms and agree to pay for all recovery, attorney and collection costs incurred by the organization to recover the equipment and money owed.

Signature of Parent/Guardian: _____

Print Name: _____

Date: _____

For Organization Use: Check NO: _____ Amount Paid: _____ Date Received: _____



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Media Release Form

During the course of the pre, regular and post season games and events, your player may be photographed or recorded for memory and training purposes This footage may also be used to publicize Greene Dragons through multiple media and social media avenues. By signing this document, you are giving the members of the Greene Dragon organization permission to use these images.

Players Name: _____

Fathers Name/ Signature: _____

Mother's Name/ Signature : _____

Date: _____



Greene Dragons Youth Football

Medical Consent

Players Name: _____

Players Phone #: _____ Address: _____

Father's Name: _____ Mother's Name: _____

Email Address: _____

Parents Address: _____

Parents Phone Number(S): _____

Parents Work Number(S): _____

Player have health insurance? Y/N (Circle one) Insurance Provider: _____

Insurance Policy Number: _____ Group Number: _____

Physician Name: _____ Physician Number: _____

Does the Player have any significant medical issues? Please List:

Medications? _____

Allergies? _____

Asthma? Y/N Heart Arrhythmia? Y/N Seizures? Y/N Hypotension? Y/N Migraines? Y/N Diabetes? Y/N Epipen? Y/N Heart Conditions? Y/N

Of sound mind I do hereby grant consent to any and all health care providers designated by: Greene Dragons Youth Football to provide all needed and necessary medical care as well as rudimentary first aid and transportation to needed medical care facilities or medical care personnel.

Parents Printed Name: _____

Parents Signature: _____

Date: _____