

**MONTEREY BAY YOUTH FOOTBALL LEAGUE**  
**PLAYER IDENTIFICATION CARD**

REGISTRATION DATE: \_\_\_\_/\_\_\_\_/2015

League Age \_\_\_\_\_ as of Aug. 1, 2015 ➔

**LEAGUE AGES:** **Mighty Mite:** 4, 5, 6  
**Jr. PeeWee:** 6, 7, 8 (9)  
**PeeWee:** 9, 10, 11 (12)  
**Midget:** 11, 12, 13, 14

Sex: M / F Weight: \_\_\_\_\_ lbs. Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
*NO PLAYERS ENROLLED IN HIGH SCHOOL*

Name: \_\_\_\_\_  

Last
First
Middle
  
 Address: \_\_\_\_\_  

# & Street
City
State
Zip
  
 Father's Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Health Insurance: \_\_\_\_\_  

Carrier
Policy #

EMERGENCY PHONE NUMBERS & EMAIL CONTACT INFORMATION	
Home:	
Father's work:	
Father's cell:	
Father's email:	
Mother's work:	
Mother's cell:	
Mother's email:	

***By signing below we (parent/guardian) assert that the address we have listed is true, and if falsified we understand that disciplinary action will take place with the team as well as termination of my child from the team.***

**1. MEDICAL HISTORY**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications: \_\_\_\_\_

	YES	NO		YES	NO		YES	NO
Allergies: Specify:			Head Injuries within (1) year			History of heart murmur		
Glasses/Contacts			Tetanus Shot			Kidney Disease		
Dental Braces or Bridges			Date:			Diabetes		
Fractures: within (1) year Specify:			Serious injury Specify:			Seizures		
Blood Disease - HIV/Infections? Specify:			Surgery within past year Specify:			Repeated Bone or Joint Injuries Specify:		

**2. EMERGENCY MEDICAL RELEASE**

I/We the parents or guardians of the above named applicant give our permission for any emergency treatment necessary, either of the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injury resulting from any scheduled Monterey Bay Youth Football League function, including the supervised travel to and from said functions. Furthermore, I/We accept responsibility for the accuracy of all information supplied on this application. I/We understand that any false information can result in immediate dismissal of the player and/or cheerleader named above. I/We the parents or guardian of the above named applicant to Monterey Bay Youth Football League assume all risks and hazards incidental to such participation, including transportation to and from activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Monterey Bay Youth Football League, The Organization, Sponsors, Supervisors, Coaches, participants and any persons transporting the applicant, except to the extent and in the amount covered by accident or liability insurance. I/We are to be financially responsible for the Monterey Bay Youth Football League equipment issued to applicant other than normal wear and breakage during games and practice and I/We will reimburse the Monterey Bay Youth Football League for the loss and damage to said equipment.

**3. SCHOLASTIC STANDING**

I/We the undersigned certify that the above name applicant attends \_\_\_\_\_ School and is at or above grade level.

**4. PARENTAL CONSENT**

I/We the parents/guardians of the above named applicant give our permission for the applicant to compete as a player/cheerleader in the Monterey Bay Youth Football League. I/We, the undersigned, and all family and friends agree to abide by the Monterey Bay Youth Football League Code of Conduct/participation agreement at all Monterey Bay Youth Football League games and events.

I/We the parents/guardians of the above named applicant have read, understand and agree or attest to items one (1) thru four (4) of this registration form.

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_

# Monterey Bay Youth Football League Player Identification Card

**\*OLDER BUT LIGHTER (OBL)**

\*Cannot turn 10 or 13 before November 1, 2015

**X-MAN**

**UNRESTRICTED**

#:

PLAYER NAME: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
BIRTHDATE

LEAGUE AGE

TEAM: \_\_\_\_\_

MBYFL CERTIFICATION

MBYFL SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

HEAD COACH SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TEAM PRESIDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

LEVEL OF PLAY	DIVISION AGES (as of August 1) AND WEIGHTS (WEIGHT FOR TACKLE FOOTBALL ONLY)			
<b>JPW</b>	<b>JUNIOR PEE WEE</b>			
	6	7	8	9
	<b>UNRESTRICTED</b> - Maximum 100lbs			<b>O B L</b> Max 65lbs
<b>PW</b>	<b>PEE WEE</b>			
	9	10	11	12
	<b>UNRESTRICTED</b> - Maximum 135lbs			<b>O B L</b> Max 85lbs
<b>MID</b>	<b>MIDGET</b>			
	11	12	13	14
	<b>UNRESTRICTED</b> - Maximum 180lbs <b>X-MAN</b> - Over 180lbs			

### PLAYER CHECK IN RECORD

WEEK	DATE	OFFICIAL CERT. WEIGHT (by MBYFL)	Weigh-Master	NOTES COMMENTS
JAMBOREE	8/22			
1	8/30			
2	9/6			
3	9/13			
4	9/20			
5	BYE	BYE	BYE	BYE
6	10/7			
7	10/10			
8	10/17			
9	10/24			
10	10/31 - 11/1			
11	11/7 - 11/8			
12	11/14 - 11/15			
13	11/21			

Photo will be taken by  
Team Official of Player in  
Game Jersey and  
attached here

### EXAMINING PHYSICIAN'S STATEMENT

I hereby certify that \_\_\_\_\_ was examined by me on \_\_\_\_/\_\_\_\_/2015 and found physically fit to engage in Monterey Bay Youth Football League Program (Football and / or Cheer).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_