

MONTEREY BAY YOUTH FOOTBALL LEAGUE
PLAYER IDENTIFICATION CARD

REGISTRATION DATE: ____/____/2017

League Age _____ as of Aug. 1, 2017 

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

New: ____ Returner: ____ Waiver: _____ Not Eligible _____ (8th Graders must play midgets)

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 _____

