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removal from the NYFL.

	V		League - Registration Card	
ETTL	Season: <u>2017</u>	Franchise: _		
200	Level/Team:			
	PLAYER	INFORMATION	(Please Print Clearly!)	
Player Name:	·			
Address:			-	
City:		Zip Code:		
Home Phone:	:1	Father Cell:	Mother Cell:	
E-Mail Addre	ess: ility and Assumption of I	Diele:		
cisks, both knoarticipation at affiliated fleath, incident all the informat tatement above ign this form franchises to use the converse of the example of th	nown and unknown and I hereby release, hold franchises from any and to my child/ward's in accurate a second fully understand its treely and voluntarily with the photographs of my child that I have read the NYFL in the NYFL website, and and and the new property of the state of t	Id assume full respond harmless and agrad all liabilities with involvement or particular individual involvement or particular individual involvement or particular individual in	ward knowingly and freely assume all onsibility for my child/ward's ee to indemnify and defend the NYFL and a respect to any and all injury, disability, ticipation in the NYFL. I hereby certify that e Release of Liability and Assumption of Risk his form I have given up substantial rights and I grant permission to the NYFL and its affiliated I purposes without any remuneration. I leading rules, which the rules contained therein.	
Parent/Guardi Signature:	an 		Date Signed:	
Parent/Guardiar	n Name (please print):			
Parent/Guardiar	n Email Address:			
EMERGENCY	Y CONTACT INFORMA	ATION:		
Primary Contac	t:		Relationship:	
Phone #:		Other #	t:	
Secondary Cont	tact:		Relationship:	
Phone #:		Other #	t:	
inv plaver with i	inaccurate or falsified regist	tration information phy	sical and/or hirth certificate is subject to immediate	

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<< This side of form for NYFL/Franchise Internal Use >>

NYFL USE ONLY!

Initials:	Date:		here in ink
(Do not initial unt	il all known deficiencies ar	e corrected)	X-Man
(To be comp	hise Certification of bleted by Authorized France tifies the players date llows:	hise Representati	ive Only!)
Date of Birth:		Age (as of Sept 1s	et):
Grade (as of Sept 1st):		Waiver:	□Yes □No
Cheer Level:□M	ascot Freshman	$\square_{ m JV}$	
Football Level:	Freshman DJV		
Weight(lbs):(weight is with	Jersey player wearing all footba	r#: ll equipment but v	vithout helmet)
Authorized Franchi	se Representative ("AF.	R"):	
AFR Name (print):			

Franchise to Place Player Picture Here (Please tape, glue or staple)

AFR Signature:

For football players the photograph must show the player from the waist up, showing players face without a helmet and showing the players jersey number clearly.