

CVYFL Football league.
Fresno County

2019

Player Name (PRINT)	Date of Birth	Age	Wt.	Name of siblings in program
Address	City	ST	Zip	Home Phone
				Cell or ER Phone
				CA
Parent/Guardian Name			Contact Phone	
Name of School in Fall 2019		Grade in Fall 2019		# of years previous experience

Email address:

The above player whose photograph appears hereon is a member of the CVYFL association or group.

TO BE COMPLETED AT CERTIFICATION

TEAM:	<i>PICTURE HERE</i>	Weight:
Head Coach:		Birth Date:
Division: Juniors		Age:
		Commissioner:

If player is over under weight, enter exact weight in Weight column and both weigh masters must initial. Otherwise, enter OK in WEIGHT column and the initials or stamp of one weigh master are required.

Game Date:	Weight:	Initials/Stamp:
8/3/19 *		
8/10/19 *		
8/17/19		
8/24/19		
8/31/19		
9/7/19		
9/14/19		
9/21/19		

Game Date:	Weight:	Initials/Stamp:
9/28/19		
10/5/19		
10/12/19		
10/19/19		
10/26/19 (1st)		
11/2/19 (2nd)		
11/9/19 Champ		
11/16/19 (All-stars)		

EMERGENCY MEDICAL AUTHORIZATION: I, as parent/guardian of said candidate minor, do hereby authorize and direct the said association to act as agent for me to consent to and obtain medical, surgical, dental treatment and/or examination for the said minor in case of illness or injury occurring from participation in any activities of the association and the CVYFL. I do hereby consent to any x-ray, examination, and anesthesia, medical or surgical or dental treatment that is considered necessary by the attending physician or dentist. I understand that in any emergency, reasonable efforts will be made to notify me.

FATHER/GUARDIAN

DATE

MOTHER/GUARDIAN

DATE

PLAYER CONTRACT

I, as parent/guardian of said candidate/minor, hereby give permission for said minor to participate in any and all activities sponsored by said Association, and agree to release, indemnity, and to hold harmless the Association, the CVYFL, including but not limited to its organizers, sponsors, supervisors, leaders, participants, officer, coach and other agents or representatives including persons transporting said minor from any and all claims arising out of injury to the above said minor except to the extent of, and in the amount of, insurance coverage held by the Association.

INSURANCE: The CVYFL has Group Accident Insurance Coverage for medical and hospital expenses with a given deductible amount for each accident incurred. The insurance is considered as SECONDARY coverage, when there is any other valid and collectible coverage provided by the parent's insurance. Maximum coverage is provided for any one accident with a given maximum dental coverage for sound natural teeth. In executing the forgoing release, I/WE understand that any Registration Fees or other sum paid does not constitute the right premium payment for insurance period.

ELIGIBILITY: I, as parent/guardian of said candidate/minor, understand that candidate must meet the maximum age and weight requirement on official certification date established by the CVYFL and that it is the responsibility of the parent/guardian and the candidate/minor to provide such proof of age in the form of a certified birth record to the Association and the CVYFL. I understand that if proof of age is not provided on official certification date, said candidate/minor is automatically ineligible for participation in any and all activities of the Association and/or CVYFL as a player.

FEES: I, as parent/guardian of said minor, understand that any and all fees assessed by the Association and/or the CVYFL, are non-refundable if the said minor participates in any activity of the Association.

EQUIPMENT RESPONSIBILITY: I, as parent/guardian of said minor, do hereby assume full and complete responsibility for the proper care and maintenance of all equipment issued by the Association to said candidate/minor. I understand all equipment is to be used for Association and/or CVYFL activities only and that all equipment remains the legal property of the Association. I agree to reimburse the Association for any and all equipment that is lost, damaged or stolen for the value stated by the Association with payment due when equipment is returned. All equipment will be returned immediately upon the withdrawal of the said candidate/minor from the Association. _____ (initials)

RULES AND REGULATION: I, as a parent/guardian of said minor, and I, as said candidate/minor, understand that it is the responsibility of the parent/guardian, candidate/minor, team, and Association to comply with any and all rules and regulations of said Association, CVYFL – Central Valley Youth Football League, Inc. Any noncompliance with rules and regulations shall cause for disciplinary action being taken against said candidate/minor, parent/guardian, team or Association by the CVYFL.

I have read all the above and understand it completely and hereby place my signature as proof (below):

FATHER/GUARDIAN	DATE	MOTHER/GUARDIAN	DATE
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WITNESS	DATE
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MEDICAL EXAMINATION

HEIGHT	WEIGHT	BLOOD PRESSURE	REMARKS
HEART	LUNGS	NOSE	THROAT
TEETH	ABDOMEN	HERNIA	SKIN
FEET	EXTREMITIES	EARS	TEMPERATURE

EXAMINED BY (DOCTOR'S SIGNATURE)	ADDRESS	PHONE
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Is this player cleared to play full contact football? YES NO Date: _____