



# Newfane Youth Football & Cheerleading Registration Form



\$200 per child - \$50 of fundraising tickets are included  
REGISTRATION FEES ARE NON-REFUNDABLE AFTER AUGUST 1ST  
\$50 NON-REFUNDABLE LATE FEE

DATE OF BIRTH: \_\_\_\_\_ AGE AS OF 12/1: \_\_\_\_\_

PLAYERS LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ FATHER'S CELL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MOTHER'S CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

VETERAN PLAYER?      YES    NO      HOW MANY YEARS PLAYED \_\_\_\_\_

NEW PLAYER?      YES    NO      NOFA NUMBER ASSIGNED \_\_\_\_\_

FOOTBALL: (select one, must be within the age limits by Dec 1 of current year)

- HURRICANES      6-7 YEARS OLD      \*MUST BE 6 BY 12/1
- THUNDER      8-9 YEARS OLD
- LIGHTNING      10-11 YEARS OLD
- STORM      12-13 YEARS OLD

CHEERLEADING: (circle one, must be within the age limits by Dec 1 of current year)

- HURRICANES      6-7 YEARS OLD      \*MUST BE 6 BY 12/1
- THUNDER      8-9 YEARS OLD
- LIGHTNING      10-11 YEARS OLD
- STORM      12-13 YEARS OLD

\*\*\*\*\* REGISTRATION FEES ARE NON-REFUNDABLE AFTER AUGUST 1ST \*\*\*\*\*  
ANY REFUNDS WILL BE FEE MINUS \$50 FOR JERSEY OR CHEER ACCESSORIES

I, THE UNDERSIGNED PARENT/GUARDIAN OF \_\_\_\_\_ WHO HAS BEEN REGISTERED TO PARTICIPATE IN THE FOOTBALL OR CHEERLEADING PROGRAM SPONSORED BY THE NYFC, HEREBY GIVE APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES IN THE NYFC RELATED TO THEIR SPORT. I UNDERSTAND THAT INJURIES MAY OCCUR AND HEREBY WAIVE, RELEASE, AND AGREE TO HOLD HARMLESS NYFC, ITS OFFICERS, DIRECTORS, AND OTHERS ASSOCIATED WITHIN ANY WAY, AS WELL AS OTHER PARTICIPANTS AND THEIR PARENTS/GUARDIANS, FROM ANY CLAIM ARISING OUT OF AN INJURY TO MY CHILD, EXCEPT TO THE ENTNE ADN IN THE AMOUNT OVERED BY ADDICT OF LIABILITY INSURANCE HELD BY NYFC. FURTHERMORE, I AGREE TO RETURN UPON REQUEST, THE UNIFORM AND OTHER EQUIPMENT ISSUED TO MY CHILD BY NYFC IN AS GOOD CONDITION AS WHEN IT WAS RECEIVED, EXCEPT FOR NORMAL WEAR OR OTHERWISE TO PAY NYFC THE COST OF REPLACING ANY PORTION OF THE UNIFORM OR EQUIPMENT IF I DO NOT RETURN. I CONSENT TO HAVE THE ABOVE NAMED CHILD PARTICIPATE IN MANDATORY FUNDRAISING EVENTS. I AGREE TO ALLOW INDIVIDUAL AND TEAM PICTURES TAKEN OF MY CHILD THROUGH NYFC AND ITS AFFILIATES AND TO BE POSTED ON THE NYFC WEBSITE OR SOCIAL MEDIA.

IF MY CHILD NEEDS MEDICAL ATTENTION, I CONSENT TO PROCEDURES ORDERED BY THE MEDICAL OFFICER PRESENT. IF IMMEDIATE TREATMENT IS NECESSARY TO SAVE MY CHILD'S LIFE OR PREVENT PERMANENT INJURY, WITH THE UNDERSTANDING THAT EFFORTS WILL BE MADE TO CONTACT ME AND WILL CONTINUE UNTIL I AM REACHED. I ACCEPT RESPONSIBILITY FOR ALL COSTS RELATED TO SUCH TREATMENT, IN CASE OF EMERGENCY ATTEMPTS WILL BE MADE TO CONTACT IN THE FOLLOWING ORDER IF I CANNOT BE CONTACTED.

EMERGENCY CONTACT #1: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT #2: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DRUG SENSITIVITIES OR ALLERGIES: \_\_\_\_\_

OTHER MEDICAL/PHYSICAL/DEVELOPMENTAL CONCERNS: \_\_\_\_\_

NYFC use only

LAST PHYSICAL DATE: \_\_\_\_\_

BIRTH CERTIFICATE ON FILE: \_\_\_\_\_

\$200 FEE: CASH: \_\_\_\_\_

CHECK #: \_\_\_\_\_

\*\* \$30 FEE FOR ANY RETURNED CHECK

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FOOTBALL:

HELMET: XS S M L XL

SHOULDER PADS: XS S M L XL

JERSEY: YOUTH: XS S M L XL

ADULT: XS S M L XL