CORTLAND YOUTH BUREAU SMALL FRY FOOTBALL LEAGUE

NAME:_____
Last First
ADDRESS:_____

DOB _____ AGE TODAY: _____ GRADE: _____
month/day/year
SCHOOL: _____ 2010 TEAM:_____

EMAIL _____ _____TOWNSHIP

Program is for youth in grades 3 - 6.

I, THE UNDERSIGNED, THE PARENT OR GUARDIAN OF THE ABOVE NAMED PERSON, DO HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS WAIVE AND RELEASE ANY AND ALL RIGHT CLAIMS OR DAMAGES I MAY HAVE AGAINST THE SMALL FRY FOOTBALL LEAGUE, THEIR REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR ANY AND ALL INJURIES BY THE ABOVE NAMED INDIVIDUAL PARTICIPATING IN THIS PROGRAM.

IN ADDITION, I AGREE TO REIMBURSE THE CORTLAND YOUTH BUREAU FOR ALL EQUIPMENT ISSUED TO THE ABOVE NAMED PERSON, THAT IS NOT RETURNED IN SERVICEABLE CONDITION, BY NOVEMBER 18th OF THE CURRENT YEAR.

_____ _____
Parent/Guardian's Name (please print) Signature of Parent/Guardian

_____
Home Address

_____ _____
Emergency Phone # Telephone Number

Note: **PLEASE COMPLETE THE TOP PART ON THE BACK OF THIS SHEET.**
Mandatory physical exam, registration and equipment will be issued on Wednesday, Thursday and Friday, September 7th, 8th and 9th from 3:30 - 5:30 PM at the J.M. McDonald Sports Complex off Carroll Drive. Anyone missing the registration/physical dates must have own physican conduct an exam and submit to the Youth Bureau office with the registration form by September 10th.
PARTICIPANTS MUST WEIGH 50 LBS - 155 LBS.
Fee: $35.00 ($30.00 fee if own physician conducts exam)
****
OFFICE USE ONLY
Amount Paid _____ Date Paid _____ Initials _____

NAME: _____ WEIGHT: _____

DO NOT WRITE BELOW THIS LINE

BLOOD PRESSURE _____

NUTRITION _____

EYES _____

THROAT _____

HEART _____

LUNGS _____

ABDOMEN _____

HERNIA _____

REMARKS: _____

_____

_____

_____

PHYSICIAN'S SIGNATURE