



**CHAPEL HILL YOUTH FOOTBALL LEAGUE
FOOTBALL / CHEERLEADER**

REGISTRATION FORM

BRING THIS COMPLETED FORM WITH YOU AT THE TIME OF SIGN-UPS.

(See dates, times & locations listed below, do not return this form to the school).

No late registrations will be accepted.

PLEASE FILL OUT ONE PER CHILD.

Please check one: Football Player Boy New Player Yes
 Cheerleader Girl No

Player Name: _____
(Last) (First)

Full Address: _____

County: _____ Do you live inside the city limits? Yes No

Home Phone: (____)____-____ Cell Phone: (____)____-____ Do you receive text? Yes No

Date of Birth (mm/dd/yy): ____/____/____ Age: ____ **Website Consent?** Yes No

Parent's Name(s): _____

2017/2018 School Information: Grade _____ School _____

**League Fees: Football \$65.00 per player
Cheer \$45.00 per player
Fees are due at time of registration.**

**Uniform fees: Football \$50.00 per player
Cheer \$70.00 per player
Fees are due at time of sizing**

**Please Note: Due to insurance requirements CHYFL is unable to refund League Fees.
Players/Cheerleaders must turn 4 before August 1st**

PLEASE LIST ALL CHILDREN

DIVISIONS: Flag – Pre K & Kindergarten _____
Division I – Transition, 1st, & 2nd Grade _____
Division II – 3rd & 4th Grade _____
Division III – 5th & 6th Grade _____

HIPAA PRIVACY POLICY: I, the undersigned acknowledge receipt of the CHYFL HIPAA Privacy Policy. (Copy available upon request)

Liability Release: I, the undersigned hereby release Chapel Hill Youth Football League, its staff, sponsors, managers and coaches from all liability or injury arising from or incident to participation of the above named child in the Chapel Hill Youth Football League. I also authorize the Chapel Hill Youth Football League and its representatives to seek and obtain medical aid for said youth if in their judgment such action is warranted, should child sustain an injury while participating in a team sponsored football/cheer activity.

Date: _____

Signature: _____
(Parent or Legal Guardians)

PLEASE COMPLETE OTHER SIDE

Forms can be mailed to: Chapel Hill Youth Football League P.O. Box 326, Chapel Hill, TN 37034

LEAGUE USE

Grade : _____
 CHES DHIS
Division: _____
League Fee: _____
Jersey Fee: _____
Cash/Check #: _____
Uniform Size: _____
Helmet Size: _____
Equip Size: _____
Initial: _____



CHAPEL HILL YOUTH FOOTBALL LEAGUE
FOOTBALL / CHEERLEADER

REGISTRATION FORM

PLAYER INFORMATION SHEET

PLAYER NAME: _____ FOOTBALL CHEER

PARENT OR GUARDIAN NAME(S): _____

HOME PHONE: _____ CELL OR WORK PHONE: _____

ALTERNATE CONTACT #1: _____ PHONE #: _____

ALTERNATE CONTACT #2: _____ PHONE #: _____

PLAYER'S MEDICAL INFORMATION

Do you have medical insurance? Yes No Preferred Hospital in Emergency: _____

Family Doctor: _____ Phone Number: _____

Known Medical Conditions: _____

Known Allergies: _____

Current Medications: _____

Special Notes: _____

CHYFL 2016 HOMECOMING PERMISSION SLIP

YES, I WANT MY CHILD TO PARTICIPATE IN THE CHYFL HOMECOMING.

NO, I WANT MY CHILD TO PARTICIPATE IN THE CHYFL HOMECOMING.

MY CHILD HAS ALREADY PARTICIPATED IN THE CHYFL HOMECOMING. YEAR: _____

Date: _____

Signature: _____

(Parent or Legal Guardians)

PLEASE COMPLETE OTHER SIDE

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