

**NO BUDDY SYSTEM**

**PLEASE LIST SIBLINGS**

**YUMA FUTBOL LEAGUE**

yumafutbol@gmail.com

2019 Season

Player Registration Form

Players Age \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Person to notify in case of Emergency: \_\_\_\_\_

Volunteers are an important part of making our league successful. Would you like to coach your child's team? Please check below your preference.  
\_\_\_\_\_ COACH  
\_\_\_\_\_ ASSISTANT COACH

We will do our best to form teams in the **FOOTHILL** area. If you would like your child to be placed on a foothill team, please circle yes below. **WE DO NOT GUARANTEE FOOTHILL PLACEMENT**  
**FOOTHILLS** YES

**NO REFUNDS WILL BE GIVEN AFTER AUGUST 01, 2019**

**UNIFORM SIZES:** YSM (4-6) YM (8-10) YL (12-14) Uniform shirts tend to run small. AXXL are an additional \$10.00

**SHIRTS:**

**YOUTH SIZES:** YS YM YL **ADULT SIZES:** AS AM AL AXL AXXL

**SHORTS:**

**YOUTH SIZES:** YS YM YL **ADULT SIZES:** AS AM AL AXL AXXL

Please provide a copy of the players Birth Certificate upon registration. Refunds are at the discretion of the Yuma Futbol League, requests **MUST** be submitted in writing to the e-mail address in the heading. **THERE WILL BE NO REFUNDS AFTER 8/01/2019**, NO EXCEPTIONS! All applicable fees will be deducted from any refunds. By signing this application you agree to the terms and conditions of Yuma Futbol League.

**IMPORTANT**

As the parent/legal guardian of the above registrant, a legal minor, I agree that the registrant and I will abide by the rules of YFL and its affiliated organizations, and their sponsors. In consideration for YFL accepting the registrant for its Soccer Program and activities, I hereby release, discharge and / or otherwise indemnify the YFL its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program. This includes transportation to or from the program, and social events, which I also authorize.

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent/legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, Doctor of Osteopathy, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Player will not be registered unless application is filled out completely and signed!! No exceptions!!**