JEFFERSON COUNTY YOUTH FOOTBALL LEAGUE

2021 FLAG REGISTRATION FORM

JCYFL USE ONLY		
PARTICIPANT NUMBER:	SIBLING PARTICIPANT NUMBERS	TEAM ASSIGNMENT

PARENTS START COMPLETING FORM HERE

CHILD'S FULL NAME	HOME PHONE:	PARENT NAME:

ADDRESS:	CELL/WORK#

CITY: STATE: ZIP:	EMAIL ADDRESS:

DATE OF BIRTH:	CHILD'S AGE AS OF April 1, 2020	ALL NEW PARTICIPANTS MUST SHOW BIRTH CERTIFICATE VERIFIED BY:
SCHOOL ATTENDING:		GRADE:

WOULD YOU LIKE TO VOLUNTEER TO HELP THE LEAGUE: YES_____ NO_____

I CAN HELP BY VOLUNTEERING FOR : COACHING _____ GATE_____ FIELD CLEAN UP_____OTHER:_____

PICTURE RELEASE

JCYFL WILL BE TAKING PICTURES OF OUR PLAYERS DURING LEAGUE EVENTS AND WOULD LIKE TO PROMOTE OUR LEAGUE AND EVENTS ON OUR WEBSITE. YOUR PERMISSION TO PLACE YOUR CHILD'S PICTURES ON OUR WEBSITE OR MARKETING LITERATURE IS REQUESTED. JCYFL AGREES TO USE THESE IMAGES IN A RESPONSIBLE MANNER KEEPING THE SAFETY OF OUR PARTICIPANTS IN THE HIGHEST REGARD. PLEASE INITIAL YOUR RESPONSE:

I GIVE MY PERMISSION:_____ I DO NOT GIVE MY PERMISSION:_____

PARENT/GUARDIAN SIGNATURE:	DATE:

PRINT NAME:	RELATIONSHIP TO PARTICIPANT:

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CASH: CHECK NO: