

Texas Six Man Youth Football Association
2020 Registration

CHILD'S FULL NAME: _____ AGE AS OF SEPT. 1ST: ____ _
GENDER: _____ DATE OF BIRTH: ____/____/____ SCHOOL: _____
(MM/DD/YYYY) (FALL 2019)
GRADE: _____ STREET ADDRESS: _____
APT #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
2018 TEAM: _____

PLEASE LIST ANY OTHER FAMILY MEMBERS PARTICIPATING IN THE FOOTBALL PROGRAM AND RELATIONSHIP TO CHILD:

PRIMARY GUARDIAN INFORMATION

NAME: _____ RELATIONSHIP: _____
HOME PHONE: (____) ____-____ WORK PHONE: (____) ____-____
EMAIL: _____ CELL PHONE: _____

SECONDARY GUARDIAN INFORMATION

NAME: _____ RELATIONSHIP: _____
HOME PHONE: (____) ____-____ WORK PHONE: (____) ____-____
EMAIL: _____ CELL PHONE: (____) ____-____

MEDICAL INFORMATION

DOCTOR: _____ DOCTOR PHONE: (____) ____-____

DO YOU HAVE MEDICAL COVERAGE: YES / NO

INSURANCE COMPANY: _____

TACKLE FOOTBALL SIGN UP FEE \$ _____
FLAG FOOTBALL SIGN UP FEE \$ _____
CASH OR CHECK

RELEASE CONSENT AND PARTICIPATION AGREEMENT
PLEASE READ CAREFULLY BEFORE SIGNING

I, the parent (or legal guardian) of the above name child, do hereby give my approval for his/her participation in any and all Texas Six Man Youth Football Association activities during the current season. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Association, Board Members, Coaches, the organizers, sponsors, supervisors, participants and any person connected to the Texas Six Man Youth Football Association.

To Whom It May Concern: This is to certify if either parent (or legal guardian), of the named child, is **NOT** present at any Texas Six Man Youth Football Association activity (be practice, official League play or other activity) and he/she is hurt as result of accident, injury, or illness, I, the parent (or legal guardian) hereby grant permission to the adult manager, coach, or sponsor of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all practice league activities, including the period required to travel to and from those activities, and we do hereby waive, release, absolve, indemnify and agree to hold harmless the Texas Six Man Youth Football Association.

I, the parent (or legal guardian) of the above mentioned child, understand the main philosophy of the Texas Six Man Youth Football Association is to teach good sportsmanship. By registering my child to participate in the Texas Six Man Youth Football Association, I agree to exhibit good sportsmanship and abide by all the rulings of the official in charge at any Texas Six Man Youth Football Association activity.

PRINTED NAME: _____

RELATIONSHIP TO CHILD: _____

SIGNATURE: _____ DATE: _____