

PLAYER REGISTRATION SEASON 2012

Player's Name: _____
First Last

Date of Birth: _____ Age: _____ Grade Fall of 2012: _____

Address: _____
Apt./Num Street City Zip

Home Tel #: _____

Mother Name: _____

Cell #: _____ Email: _____

Father Name: _____

Cell #: _____ Email: _____

* At least one email is required. This is how we communicate. *

FEE SCHEDULE:

\$40 for one / \$60 per family if registered BEFORE January 1, 2012

\$50 for one / \$70 per family if registered BETWEEN January 1, 2012 through March 31, 2012

\$60 for one / \$80 per family if registered ON AND AFTER April 1, 2012

Do you have more than 1 family member participating? Yes or No

If so how old is the sibling? _____ Grade of sibling in fall of 2012: _____

Does the applicant have any physical or medical problems, including allergies that will in any way affect his /her participation in this football program?

Yes (please explain fully below) OR No

RELEASE

Biddeford Youth Football Association, Inc. is a nonprofit corporation formed for the purpose of providing a supervised recreational football activity for the youth of the City of Biddeford. Accordingly, the undersigned parent or guardian, for himself or herself and for the applicant, hereby release and waive any and all claims against Biddeford Youth Football Association, Inc. for damage or loss to person and/or property which may be caused by any act, or failure to act of Biddeford Youth Football Association, Inc., its officers, agents, or employees. Said parent or guardian, for themselves and for the applicant, further agree to assume the risk of any and all dangerous conditions including risk of injury, incident to the Biddeford Youth Football Association, Inc. program, and expressly release the Biddeford Youth Football Association, Inc. from any and all liability associated therewith.

Signature of Parent or Guardian: _____ Date: _____