



TEXASELECT

YOUTH FOOTBALL LEAGUE

Spring 2017 SEASON



Football Team/Organization Registration Form

ORGANIZATION NAME: _____

PRESIDENT/COMMISSIONER: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ MASCOT: _____ COLORS: _____

Our organization will have a team in the age division(s) checked below:

DIVISIONS: FLAG: ____ 8U: ____ 10U: ____ 12U: ____ 13U: ____ 14U: ____

A team in a age group will consist of a minimum of 16 players.

Fees: Single team \$225, 2 teams \$200 ea., 3 teams \$175 ea., 4+ teams \$150 ea. **14U Team \$350 ea.**

6 GAME SEASON MINIMUM, TOP 4 TEAMS PER DIVISION PLAYOFFS

TEAMS MUST HAVE PLAYER INJURY INSURANCE

Injury Insurance available via Wilson Sports Insurance.

ALL COACHES MUST HAVE CURRENT YEAR USA FOOTBALL CERTIFICATION & BACKGROUND CHECK

ALL NON-COACHES/VOLUNTEERS MUST HAVE CURRENT YEAR NAYS COACHING CERTIFICATION & BACKGROUND CHECK

**NO BIRTH CERTIFICATES ACCEPTED, PLAYERS MUST HAVE ONE OF THE FOLLOWING:
STATE OF TEXAS I.D. CARD, MILITARY DEPENDENT I.D., OR CURRENT U.S. PASSPORT**

I have enclosed the team registration fee for the number of age groups indicated above. I understand that once accepted into the TSYFL Spring 2017 Season, **this is a non-refundable fee.** I agree that my Team/Organization will abide by the administrative and game rules of Texas Select Youth Football League Inc. I understand that all coaches must be approved by TSYFL prior to first practice. I understand that payment must be made in the form of a money order, cashiers check, or business check, payable to Texas Select Youth Football League Inc.

The above terms and conditions have been acknowledge and agreed upon by:

Please PRINT Your Name: _____

Your Signature: _____ Date: _____