

DISTRICT _____



GREATER BULLITT COUNTY YOUTH FOOTBALL LEAGUE, INC

www.GBCYFL.com

ATHLETE REGISTRATION FORM

Athlete's Name _____ Current Age _____ DOB _____ / _____ / _____

Athlete's Address _____ City _____ State _____ Zip _____

Current School Attending _____ Grade _____

Parent/Guardian E-Mail Address _____

Did the athlete participate in the GBCYFL last season? YES NO If yes, what team _____

Medical Condition/Allergies:

	FOOTBALL	CHEER	DANCE	JERSEY #
In what division will the athlete participate this season?	FLAG LITTLE BULLITTS PEEWEE JUNIORS	BABY BULLITTS (6U) LITTLE BULLITTS (8U) PEEWEE (10U) JUNIORS (12U/14U)	All Age Divisions	_____
PLEASE CIRCLE ONE				_____

				If new to the team, please choose 3 numbers for your jersey

PARENT/GUARDIAN INFORMATION

Parent/Guardian whom Child lives with: _____ Home/Cell (_____) _____ - _____

Mothers Address _____ City/State _____ Zip _____

Fathers Address _____ City/State _____ Zip _____

The undersigned recognizes there are inherent risks associated with playing football/cheerleading/dance. I. The parent/guardian of the above-named athlete, give my permission for my child to participate in The GBCYFL & any League it adheres to. I assume and accept all risks & hazards incidental to such participation, to include but not limited to, transportation to & from all activities related. I do hereby waive, release, absolute, indemnify, & agree to hold harmless the GBCYFL & ALL Leagues it adheres too, including the Organizers, Coaches, Sponsors, Participants, & any person transporting my child to & from activities relating from any claim arising out of injury or death of my child.

By signing below, I confirm I am the legal parent/guardian of the above-mentioned minor and agree to follow the rules and regulations of the GBCYFL, to include, but not limited to, the League By-Laws, Rules of Play/Cheer/Dance, and Zero Tolerance Guidelines.

Print _____ Sign _____ Date _____

DISRICT BOARD MEMBER WITNESS:

Print _____ Sign _____ Date _____