

2026 LYFC Summer Camp Registration Form

Player Information:

Player Name: _____	DoB: _____
Address: _____	School: _____
City: _____	Grade: _____
State: _____ Zip: _____	
Emergency Contact: _____	Team/Coach last played for: _____
Cell # _____	
Fee: \$60 cash or check only (make checks payable to "LYFC")	T-shirt size: YS / YM / YL / AS /AM / AL / AXL / AXXL / AXXXL

Waiver (must be signed by parent or guardian of player):

By accepting this waiver form you agree and certify the following information.

1. Your child is physically fit to participate.
2. Your child is given permission by you to participate in the Lexington Youth Football Program. You agree not to hold any member or volunteer to the league responsible for any injury that may occur. You are aware that there is minimal insurance coverage for your child provided through the league.
3. You understand there are NO REGISTRATION REFUNDS unless approved by the current LYFC Board. You understand there may be a limit on the number of registrations that can be accepted. Registrations are accepted on a first come, first serve basis. NO POSITION WILL BE HELD WITHOUT A COMPLETE AND PAID REGISTRATION.
4. LYFC may take pictures and/or videos of its participants. These pictures and/or videos are sometimes posted on the LYFC web site or made available to news sources. Acceptance of this waiver consents the leagues use of pictures and/or videos of your child for these purposes. Your consent constitutes your waiver of all rights of you and your child under any private or public laws or regulations regarding such use of your child's pictures and/or videos.

Signature: _____

Date: _____