

Fremont Youth League, Inc. 501(C)(3)

Grades: 2-3rd grade, 4-5th grade, 6th grade

Registration: 6-8pm on JULY 24th 2018 at the TEAM BUILDING/VARSITY FIELD ENTRANCE

Registration: JULY 24th 2018 - *Cost is \$100.00

Registrations WILL NOT be accepted after August 26th 2018

*******Please make check payable to: FYL Football*******

For more information please contact Ryan Reetz (commissioner) at 260-667-1076 text/call or visit our website at www.fremontyouthleague.com or our [FACEBOOK PAGE \(Fremont youth league\)](#)

We are always in need of volunteers to make this program a success. All volunteers who will be working directly with the youth must submit to a background check.

Please be aware that the insurance that will be purchased is secondary coverage for your child. If an accident occurs, your child's personal health insurance is billed first. If you cannot afford health insurance please call the steuben department of child services and inquire about some type of health insurance coverage. Or call your local health insurance agent.

Registration Fee includes a practice jersey (for first year enrollment only) use of game pants, shoulder pads, helmet, game jersey and mouth piece. All additional gear is purchased by you as the parent or guardian. All equipment (except practice jersey) are property of FYL and to be returned at the end of the season. If equipment is not returned at the close of the season, all equipment will be invoiced to the players parent or legal guardian. Players WILL NOT be provided a new practice jersey and are expected to use their practice jersey previously provided for all future FYL seasons; however practice jerseys may be traded in for a larger size. Additional practice jerseys may be purchased through the FYL.

ATHLETE

NAME: _____

GRADE: _____ AGE: _____ D.O.B: _____ (** FYL STAFF fills out these two spots **)
(** HIDTH: _____ ** WEIGHT: _____)

SCHOOL YOUR CHILD IS ATTENDING: _____

PARENT/LEGAL GUARDIAN(print): _____

ADDRESS: _____ CITY/STATE/ZIP: _____

MOBILE(s): _____

SIBLING(s): _____

Medical Insurance & Release Agreement Information:

Company: _____ Policy# _____

I/WE hereby certify that as the parent/guardian of _____, give permission for the FREMONT FOOTBALL LEAGUE STAFF to seek appropriate medical attention and for medical attention to be given to him/her in the event of an accident, injury, or illness. I will be responsible for any cost of medical treatment, and release the Fremont Youth League Inc., its directors, coaches, Fremont Community Schools, staff, affiliates & volunteers of any liability. Also, I the undersigned hereby agree to release the Fremont Youth League Inc., Fremont Schools, any one commissioner, member and or volunteer of all claims of damages, demands or actions whatsoever in any matter arising from my child's participation in this program. I also agree that photographs may be taken at certain events during any program activities and unless the Fremont youth league receives signed written objections, photos may be reproduced for publication.

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

NAME: _____ I volunteer to: HEAD COACH or ASSISTANT COACH