

2020

Fremont Youth League, Inc 501(c)(3)

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

Registration will be held at: 1188 East State Road 120 - Fremont, IN 46737

REGISTRATION: SEE THE FACEBOOK PAGE FOR DATES & TIMES & SCHOOL TEAMS - *COST IS \$100.00

Please bring CASH or make CHECK payable to: FYL FOOTBALL (NO CREDIT or DEBIT CARDS)

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 athletes must submit to a background check at the FYL expense unless you hear otherwise.

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

Registration Free includes a practice/game jersey, use of game/practice pants, a set of shoulder pads and a helmet. All additional gear is purchased by you as the parent or guardian. All equipment are property of FYL and to be returned at the end of the FOOTBALL season as agreed. If equipment is not returned at the close of the FOOTBALL season, all equipment will be invoiced to the players parent or legal signed guardian.

ATHLETE(s) NAME: _____

GRADE: _____ AGE: _____ D.O.B.: _____ (HIDTH: _____ WEIGHT: _____

SCHOOL YOUR CHILD/ATHLETE WILL BE ATTENDING: _____

PARENT/LEGAL GUARDIAN: _____

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 YOUTH LEAGUE STAFF to seek appropriate medical attention and for medical attention to be given 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 Community 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/athlete 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 publications.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

DATE: _____

NAME: _____ I VOLUNTEER TO: HEAD OR ASSISTANT COACH

