

2022 SEASON
FREMONT YOUTH LEAGUE INC 501(c)(3)

GRADES: 1st / 2nd / 3rd FLAG FOOTBALL ONLY
GRADES: 4/5TH COMBINED (FULL CONTACT)
GRADE: 6TH (FULL CONTACT)

REGISTRATION: FOLLOW OUR FACEBOOK PAGE FOR DATES/TIMES/SCHOOL TEAMS

\$\$\$\$\$ COST IS \$100.00 \$\$\$\$\$

*****PLEASE BRING CASH or MAKE CHECK PAYABLE TO: FYL FOOTBALL*****
****CREDIT OR DEBIT CARDS ARE ACCEPTED NOW****

FOR MORE INFORMATION PLEASE CONTACT RYAN REETZ (commissioner/president) AT 260-667-1076 TEXT/CALL OR VISIT OUR WEBSITE
OR FACEBOOK PAGE AT:
WWW.FREMONTYOUTHLEAGUE.COM
FACEBOOK PAGE (FREMONT YOUTH LEAGUE SPORTS)

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 WILL BE PURCHASED IS SECONDARY COVERAGE FOR YOU CHILD/ATHLETE. IF AN ACCIDENT OCCURS, YOUR CHILD/ATHLETE
PERSONAL HEALTH IS BILLED FIRST. IF YOU CANNOT AFFORD HEALTH INSURANCE PLEASE CALL YOUR LOCAL COUNTY HEALTH DEPARTMENT OF CHILD SERVICES AND
INQUIRE ABOUT TYPE OF HEALTH INSURANCE COVERAGE. OR CALL YOUR LOCAL HEALTH INSURANCE AGENT.
REGISTRATION FEE INCLUDES A GAME JERSEY, GAME PANT, 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 GUARDIAN.

ATHLETE NAME: _____

GRADE: _____ AGE: _____ D.O.B. _____ HIGHT: _____ WEIGHT: _____

SCHOOL YOUR CHILD/ATHLETE WILL BE ATTENDING: _____

PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MOBILE(S): _____

SIBLING(S): _____

****WRITE DOWN THAT IF YOU ARE INTERESTED IN HEAD COACH OR ASSISTANT
COACH:** _____

MEDICAL INSURANCE & RELEASE AGREEMENT INFORMATION:

COMPANY NAME: _____

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, AFFILIATED &
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 WHATEVER IN ANY MATTER ARISING FROM MY CHILD/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: _____

