

CURRENT FOOTBALL SEASON COMING UP

FREMONT YOUTH LEAGUE INC 501(c)(3)

GRADES: K / 1st / 2nd / 3rd FLAG FOOTBALL ONLY

GRADES: 4/5TH COMBINED (FULL CONTACT)

GRADE: 6TH (FULL CONTACT)

FOLLOW OUR FACEBOOK PAGE FOR DATES & TIMES & ALL UPDATES

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

***PLEASE BRING CASH / CREDIT or DEBIT CARDS / CHECKS**

***MAKE CHECKS PAYABLE TO: FYL**

FOR MORE INFORMATION PLEASE CONTACT RYAN REETZ (commissioner/president) 260-667-1076 TEXT/CALL

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 CHCK 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 YOU 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 PURCHASEDBY 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 EQUIPMENTWILL BE INVOICED TO THE PLAYERS PARENT OR GUARDIAN.

ATHLETE NAME: _____

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

SCHOOL YOUR CHILD/ATHLETE WILL BE ATTENDING: _____

PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

(please circle one)

MOBILE: _____ MOM / DAD / STEP-DAD / STEP-MOM / AUNT / UNCLE / GRANDMA / GRANDPA / BOYFRIEND / GIRLFRIEND

(please circle one)

MOBILE: _____ MOM / DAD / STEP-DAD / STEP-MOM / AUNT / UNCLE / GRANDMA / GRANDPA / BOYFRIEND / GIRLFRIEND

SIBLINGS: _____

****PRINT HERE IF YOUR INTERESTED IN COACHING: _____**

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, AFFLIATED & 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: _____

