

**\*CURRENT FOOTBALL SEASON COMING UP\***

FREMONT YOUTH LEAGUE INC 501(c)(3)

**GRADES: K / 1<sup>st</sup> & 2<sup>nd</sup> / 3<sup>rd</sup> FLAG FOOTBALL \$100.00**

**GRADES: 4<sup>th</sup> / 5<sup>th</sup> (TACKLE FOOTBALL) \$125.00**

**GRADE: 6<sup>th</sup> (TACKLE FOOTBALL) \$125.00**

**\*PLEASE PAY WITH: CASH / CARD / 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](http://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 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 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. \_\_\_\_\_ (HEIGHT: \_\_\_\_\_ 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 YOUR NAME 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, 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: \_\_\_\_\_