



Garfield Heights Youth Football 2014 Registration Form

You can mail your completed form and payment to:
Garfield Heights Youth Football League Treasurer
6545 Brookhill Drive, Garfield Heights, Ohio 44125
Ph: 216-571-6300 Email: ghyouthbulldogs@gmail.com

2014 Sign-Up Dates:
Wed. May 21st 5:30-6:30pm GHMS
Thurs. May 29th 6-8pm GH Library
Sat. May 31st 10am-12pm GH Library
Wed. June 4th 6-8 pm GHHS

Name: _____

Date of Birth: _____ Age as of 9/30/14: _____

Address: _____

Phone Number: _____ Email Address: _____

School child will be attending: _____ Grade Going into: _____

Parent/Legal Guardian Name: _____

Cell Phone Number: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone Number: _____

Physician Name: _____ Phone Number: _____

- \$100.00** Tackle Football Player (Ages 8,9,10 with 4th Grade Max.)
 - \$100.00** Tackle Football Player (Ages 11,12 with 6th Grade Max.)
 - \$ 75.00** Flag Football Player (Ages 5-9) All Flag Players keep their Jersey
- Each Additional Football Player **\$10.00 discount** off Regular price fee
- \$75.00** New Cheerleader **\$65.00** Returning
 - \$65.00** Each Additional Cheerleader - All Cheerleaders keep their Uniforms



Volunteers Needed: Please check one to let us know you're interested in helping out GHYFL.

Head Coach **Assistant Coach** **Team Mom/Dad** **Flag Referee**

I hereby give my approval for the above named participant to participate in any and all League or Conference activities. I hereby waive, release and agree to hold harmless the GHYFL and American Youth Football, the organizers, sponsors, coaches, supervisors, participants and person transporting my child to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I hereby consent to furnish a copy of the participant's birth certificate (as needed). I understand that without the copy, my child may not be allowed to participate in League activities.

IN CASE OF AN EMERGENCY, IF A PHYSICIAN CANNOT BE REACHED, I HEREBY AUTHORIZE GHYFL TO SEEK TREATMENT FOR MY CHILD BY ANOTHER PHYSICIAN OR EMT/PARAMEDIC WHO IS AVAILABLE.

All forms must be turned in by August 1st. There are NO exceptions to league requirements.
If equipment is lost or damaged (beyond normal use), YOU ARE RESPONSIBLE FOR THE REPLACEMENT COST OF \$400.00.

Parent/Legal Guardian Signature: _____ Date: _____

Birth Certificate Received By: _____ Date: _____

Amount Paid: _____ *****NOTE*** Registration fees are NON-REFUNDABLE**

Photography Disclaimer: All participants may at any time be photographed and those photos may be published on the league website of <http://www.garfieldheightsyouthfootball.com>

Visit us on the web at: www.garfieldheightsyouthfootball.com