



Garfield Heights Youth Football 2016 Registration Form

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

2016 Sign-Up Dates:
Mon. May 16th 6:30pm-8pm GH Library
Sun. June 5th 11am-1pm All Sports Parade
Sat. June 11th 10am-12pm GH Library
Sat. June 25th 10:00am-12:00pm Library

Name: _____

Date of Birth: _____ Age as of 9/30/16: _____

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: _____

- \$125.00** 9U Tackle Football (Ages 8 & 9 with 4th Grade Max.)
- \$125.00** 11U Tackle Football (Ages 10, 11, & 12 with 6th Grade Max.)
- \$75.00** Flag Football (Ages 5-7) All Flag Players keep their Jersey
- \$75.00** Flag Football (Ages 8-11) All Flag Players keep their Jersey
Each Additional Football Player **\$10.00 discount** off Regular fee
- \$125.00** Cheerleader
Each Additional Cheerleader **\$10.00 discount** off Regular fee



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 \$320.00.

Parent/Legal Guardian Signature: _____ Date: _____

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

 **Pay your Fees online by credit card/debit card at**
www.garfieldheightsyouthfootball.com 