

2020 Fredericktown-Willie Davis Youth Football Registration Form

Fredericktown-Willie Davis Youth Football Association
Attn: Sherry Wilson
9944 Mount Gilead Rd.
Fredericktown, Ohio 43019

Deadline to register is Monday, July 20, 2020

Registration Fees:

Player Fees:	
First Child	\$60.00
Second Child	\$30.00

- Additional \$5.00 if registration is after above dates.

The Fredericktown-Willie Davis Youth Football Program is committed to providing equal opportunities for all eligible athletes. Work exchange programs and adult volunteering are available. Please contact Bryce Yarman, 740-501-8535 for more information.

Date of registration: _____

PLAYER INFORMATION

(Name must match birth certificate or passport exactly.)

Legal Last Name _____

Legal First Name _____ Legal Middle Name _____

Name that player wishes to be called: _____

Address _____

City _____ Zip _____

Weight at registration: _____ Date of Birth: _____ Age: _____

Phone - (____) _____

Grade for 2020-2021 school year _____

PARENT / GUARDIAN INFORMATION

Name _____

Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Phone - (____) _____ or (____) _____

Phone - (____) _____ or (____) _____

E-mail _____

E-mail _____

T-Shirt _____ Please choose from – YS YM YL AS AM AL AXL

THIS COMPLETED REGISTRATION FORM MUST BE SUBMITTED ON REGISTRATION DATES ALONG WITH THE FOLLOWING:

- Parent or legal guardian must accompany all players.
- Your registration check made out to: Fredericktown Youth Football Association (FYFA) or cash.

I consent to allow the Fredericktown-Willie Davis Youth Football Association (FYFA) and any North Central Ohio Youth Football League (NCOYFL) team to post my child's name, jersey number and picture(s) on the NCOYFL web site:

Parent or Guardian Name: _____

Signature: _____

Date: _____

PARENT PERMISSION

I give approval for participation in all activities of the Fredericktown-Willie Davis Youth Football Program during 2020 season. I assume all risk and hazards incidental to the program. In case of emergency, I hereby authorize any necessary treatment. I understand all property of the organization must be returned promptly at the end of the season or I will be billed for replacement(s).

SIGNATURE OF PARENT/GUARDIAN

DATE

FOR ASSOCIATION USE ONLY

Check # _____ Pay To: FYFA Amt. Paid _____ Work Exchange _____ Adult Volunteer Activity _____