



Grand Ledge Area Youth Football, Inc. Registration Form

Registration Date: _____

Child's Name: _____

Address: _____

City / State / Zip: _____

Grade: _____ Birth date: _____

Father / Guardian: _____

Address: _____

City / State / Zip: _____

E-mail address: _____

Home Phone: _____ Work / Cell: _____

Mother / Guardian: _____

Address: _____

City / State / Zip: _____

E-mail address: _____

Home Phone: _____ Work / Cell: _____

Child Resides with: Both Father Mother

Name(s) and Grade(s) of other children in grades under 8th (preschool give age):

Insurance Information:

Member Name: _____

Insurance Carrier: _____ Policy / ID #: _____

Family Doctor: _____ Phone #: _____

Parental Acknowledgments:

I hereby give permission for my (son/daughter) _____ to participate in the Grand Ledge Area Youth Football program. In the event of injury or illness and I cannot be reached at the number(s) listed above, please contact _____ (name) _____ (relation) at _____ (phone #) . I agree to return all equipment loaned to my child, on the required date, in a clean, safe and usable condition. If the equipment is lost, destroyed or defaced, I understand that I will be responsible for replacement costs.

Parent/Guardian Signature: _____

I am willing to help in the following areas (please circle all that apply):

- | | | | |
|-------------|------------|--------------|---------------------------|
| Team Parent | Banquet | Fund-Raising | Maintenance |
| Equipment | Scoreboard | Announcer | Coaching and/or Assisting |
| Other _____ | | | |

Do not write below this line - for GLAYF personnel only:

Payment received: Cash Check # Scholarship