



2011
REGISTRATION DATA
WARREN YOUTH FOOTBALL

www.warrenyouthfootball.com

CURRENT WEIGHT / LEAGUE (LEAVE BLANK)

CHILD'S NAME-- PRINT	CHILD'S MAILING ADDRESS -- PRINT	
CITY, STATE AND ZIP	SCHOOL ATTENDING	
PARENTS E-MAIL ADDRESS	HOME PHONE (INCL. AREA CODE)	
DATE OF BIRTH	GRADE 2011	YEARS PLAYED ORGANIZED FOOTBALL

Mother / Legal Guardian Name (Home Phone if Different)	Work Phone Number (Incl. Area Code)	Cell Phone (Incl. Area Code)
Father / Legal Guardian Name (Home Phone if Different)	Work Phone Number (Incl. Area Code)	Cell Phone (Incl. Area Code)

Please provide the name of another person to contact if we are unable to reach either parent:

Name	Cell Phone (Incl. Area Code)
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DOES THE PARTICIPANT HAVE ANY OF THE FOLLOWING: (PLEASE CHECK)

- | | | |
|-----------------------------------------|--------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> RECENT SURGERY | <input type="checkbox"/> EYE GLASSES OR CONTACTS | <input type="checkbox"/> EPILEPSY |
| <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> SKELETAL DISORDERS | <input type="checkbox"/> KIDNEY PROBLEMS |
| <input type="checkbox"/> BRACES | <input type="checkbox"/> ALLERGIES | <input type="checkbox"/> BLOOD DISEASE |
| <input type="checkbox"/> AUTO ACCIDENT | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> LIVER DISORDER |
| <input type="checkbox"/> HEARING LOSS | <input type="checkbox"/> ALLERGIC TO BEE STINGS | <input type="checkbox"/> OTHER |

LIST ALL ROUTINE MEDICATIONS

PURPOSE FOR MEDICATION _____

IS THERE ANY OTHER INFORMATION THAT WE SHOULD KNOW?

Birth Certificate Declaration

WYF is no longer collecting the Birth Certificates of registered players. If there is a challenge to any WYF player's age, TCYFL will request the player's Birth Certificate. It is the responsibility of the WYF player's parent(s)/Guardian(s) to submit the Birth Certificate to the WYF registrar within 36 hours of the request. Failure to submit the Birth Certificate results in immediate removal of the WYF player from the WYF Program with no refund.

Date Registered	Amount Paid	Check Number	X-Here for cash	Received By
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