

NCYFL

TO FILL OUT FORM

FORM MUST BE TYPED

(HANDWRITTEN FORMS, NO MATTER HOW CLEAR, ARE NOT ACCEPTABLE BY THE LEAGUE)

LAST NAME listed first

SIGN FORM IN INK

DOCTORS SIGNATURE MUST BE SIGNED IN INK (NAME STAMPS ARE NOT ACCEPTABLE BY THE LEAGUE)

DOCTORS STAMP MUST BE ON THE FORM

PHOTOCOPIES OR FAXED FORMS ARE NOT ACCEPTABLE BY THE LEAGUE

2026 NCYFL Player Registration and Insurance Document

PLAYER INFORMATION

Organization Name _____ Division Age _____
Player Name _____ Date of Birth _____
LAST NAME FIRST NAME
Address _____
City _____ Zip _____ Phone _____
School Attending _____ School District # _____
Emergency Contact _____ Relationship _____
Contact Phone Day _____ Evening _____
Has Player played in the NCYFL? _____ Where _____ When _____

CONSENT OF PARENT OR GUARDIAN

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the Nassau County Youth Football League (NCYFL) program. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed:

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the NCYFL; its organizations, officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause. Furthermore, in light of the Covid-19 pandemic, you understand that by virtue of attending and participating in any practice or game, you and your child could possibly contract Covid-19 by being in close proximity to other players. We will not guarantee that you or your child will not contract Covid-19 or any other infectious disease. By signing this waiver, you agree to hold harmless and indemnify NCYFL; its organizations, officers, coaches, sponsors, supervisors and representatives for any claims alleging that you or your child contracted Covid-19 by participating in our program.

Signature of Parent or Guardian

Relationship

Date

PHYSICIAN'S CERTIFICATION

I HEREBY CERTIFY that _____ was examined by me on the below date. There is no contra-indication to participation in any sport, including tackle football.

Date of Exam: _____

Physician's Signature

Date

Phone

PHYSICIAN'S STAMP

DIRECTOR'S APPROVAL

I HEREBY CERTIFY that the information above is true and correct to the best of my knowledge. The named player is eligible in all respects to play for our organization at the stated age level.

Director's Signature

Date

NCYFL APPROVAL

The birth records of the above-named player have been examined, and he or she is eligible in all respects to participate in the NCYFL football program.

NCYFL Official's Signature

Date