

CYC
YOUTH FLAG FOOTBALL

REGISTRATION FORM

Player Name: _____ *Birth Dat/Agee:* _____

Address: _____ *Home Phone:* _____

City: _____ *State:* _____ *Zip:* _____

Church: _____ *Health:* _____

Father: _____ *Mother:* _____

Employer: _____ *Employer:* _____

Work Phone: _____ *Work Phone:* _____

Cell Phone: _____ *Cell Phone:* _____

Emergency Contact: _____ *Phone:* _____

If applicable, Player-Link and / or Coach-Link: _____

If applicable, circle the evening you cannot practice on: *Monday* *Thursday*

Shirt Size: *Youth S* *Youth M* *Youth L*
 Adult S *Adult M* *Adult L* *Adult XL*

Parents: *We need your help! If you are available to help in any of the following areas, please check the appropriate box(s), give us your name and we will contact you.*

Head Coach *Assistant Coach* *Concession Stand* *Referee*
Name _____ *Name* _____ *Name* _____ *Name* _____

Amount Paid: _____ *Check#:* _____ *Cash?:* _____