



**POWER 5 YOUTH FOOTBALL LEAGUE  
2021 OFFICIAL PLAYER FORM**

**Player Info**

(Player) LAST NAME:		FIRST NAME:	MIDDLE INITIAL:
STREET ADDRESS:		CITY, STATE:	ZIP CODE:
PLAYER'S JERSEY # (to be filled out by commissioner):		DIVISION:	DATE OF BIRTH:
GRADE FALL 2020:	RETURNING PLAYER?: YES or NO	AGE AS OF SEPTEMBER 1, 2020:	
SCHOOL DISTRICT:		DOES THE PLAYER LIVE IN OR OUT OF DISTRICT?: IN or OUT	
PLAYER ATTEND HOMESCHOOL?: YES or NO		BIRTH CERTIFICATE ATTACHED?: YES or NO	

**Parent Info**

Mother/GUARDIAN NAME:		RELATIONSHIP:	TOWN OF RESIDENCE:
PHONE #:	ALT PHONE #:	EMAIL ADDRESS:	
Father/GUARDIAN NAME:		RELATIONSHIP:	TOWN OF RESIDENCE:
PHONE #:	ALT PHONE #:	EMAIL ADDRESS:	

I UNDERSTAND THE **POWER 5 YOUTH FOOTBALL LEAGUE** IS A "LOCAL LEAGUE" MADE UP OF OTHER MEMBER YOUTH FOOTBALL ASSOCIATIONS. APPROVAL IS HEREBY GIVEN FOR MY CHILD TO PARTICIPATE IN ANY ACTIVITY SPONSORED BY THE **LOCAL TOWN YOUTH ASSOCIATION AND P5YFL**. IN CONSIDERATION OF THE ACCEPTANCE OF THIS AGREEMENT, I, THE UNDERSIGNED, ASSUME FULL RESPONSIBILITY OF ANY INJURY OR ACCIDENT THAT MAY OCCUR DURING ANY ACTIVITY SPONSORED BY **P5YFL and its affiliates**, INCLUDING TRAVEL TO AND FROM SUCH AN EVENT. I HEREBY RELEASE AND HOLD HARMLESS THE **P5YFL and its affiliates'** ELECTED OFFICIALS, DIRECTORS, AND ALL OTHER PERSONS AND ENTITIES ASSOCIATED WITH SUCH ACTIVITIES, FROM INJURY AND DAMAGES, WHETHER IT IS CAUSED BY NEGLIGENCE OF SAID INDIVIDUALS, PROMOTERS OF OTHER PERSONS OR ENTITIES ASSOCIATED WITH THESE ACTIVITIES. I HEREBY GIVE **P5YFL** PERMISSION TO HAVE THE ABOVE CHILD TREATED IN CASE OF AN EMERGENCY BY A FIRST RESPONDER, SHOULD NO PARENT/GUARDIAN BE ABLE TO BE AVAILABLE. PERMISSION IS GRANTED TO A HOSPITAL TO ADMIT AND PERFORM ANY SERVICES DEEMED ADVISABLE.

\* I understand that the above player must attend certification and weigh-in. Any player that does not attend one of the two weigh-ins/certification dates and or does not meet the weight requirements shall not be eligible to advance the football (i.e. Quarterback, Running back, Receiver, or returner).

\_\_\_\_\_  
PARENT/ GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TOWN REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE