

CFA Football League Player Registration Form - 2017 Season

CFA Football League Association/Organization: _____
First Name: _____ Last Name: _____ N: ____ R: ____
Address or P.O. Box: _____ Telephone No.: _____
City or Town: _____ ST: PA Zip code: _____
Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____
School District: _____ School: _____ Grade: _____
Birth Certificate: _____ Physical Examination: _____ Parent Authorization: _____
Insurance Carrier: _____
Parent or guardian Name: _____ Telephone: _____
Weight: _____ Squad: 1-Smurf: _____ 2-Pee wee: _____ 3-Pony: _____ 4-Midget: _____
E-Mail Contact: Name: _____ E-Mail address: _____
Jersey No.: _____ Team Colors: _____ Nickname: _____

Parent or Guardian Authorization

Football is an athletic activity which involves body contact between participants. While every precaution is taken to avoid injury, the risk of injury is always present. Additionally, every effort is made to ensure all coaches within our league are well trained and are permitted to work with children. The above named player has my permission to play football and to participate in all practice sessions and games for the 2016 season. By signing this form, I waive any and all causes of action which may arise in connection with or incidental to the player's participation in this sport. I further waive any and all claims against the CFA and its officers for any unforeseeable event or for injury that may occur and recognize that if any of the above listed information is false, the player will immediately be disqualified from participating in the CFA Football league.

Authorization for Medical Care

I authorize any league and/or team official to act for me in my absence to use his/her best judgment in the event of a medical emergency requiring medical attention. I hereby waive my right to bring any claim against such individual in the exercise of such judgment. I recognize that insurance coverage for injuries received during the 2017 season is the responsibility of the parent or guardian's insurance policy.

Parent or Guardian Signature: _____ Date: _____

Physician's Affidavit

The child listed above has been examined by me and I have found him/her physically fit to play football.

Doctor's Signature: _____ Date: _____

CFA Player Registration Form Instructions

Please print clearly on this form. A copy of this form must be placed in the CFA roster book (with the player's birth certificate, physical examination and other pertinent information). A computer generated list of players using these forms will be developed and a print out of the list must be placed in the association player roster book.