

SWAN VALLEY YOUTH FOOTBALL



Continuing the Tradition of Excellence since 1992 www.svyf.org
Registration – 2022 Season (Deadline to register player(s) is May 31st)



* John Wunderle, President * Tom Isom, Vice President * George Garcia, Treasurer
* Jason Grandy, Equipment Manager * Garrett Lange, Board Member

Player's Name _____ Telephone # _____

Address _____ Player's DOB _____

Age (as of Oct 31) _____

Player's Height _____ Weight _____ Grade going into _____

Football Experience _____ years Hat size _____ inches School Attending _____

Positions Played _____

Father's Name _____ Address _____

Mother's Name _____ Address _____

E-mail address (best way to stay in contact with current league activities): _____

Flag Registration \$30

Tackle Registration \$85

Primary phone # for One Call system. This phone # will be called in the event of cancellations, schedule changes, messages from coaches, team mom's etc. _____

I, the parent or guardian of _____, agree to return all equipment issued to the player by Swan Valley Youth Football on the date, time, and location designated by staff following the conclusion of the season. I also agree to pay a fee of \$20 if said equipment is returned late. I further agree that if equipment is not returned within (30) days after the conclusion of the season, I will be required to pay Swan Valley Youth Football a sum of \$250 on demand to replace said equipment.

Parent or Guardian _____

I give permission for any and all medical attention necessary to be administered to my child, _____ in the event of an accident, injury, sickness, etc., under the direction of the people listed below until such time as I may be contacted. This release is effective for the time during which my child is participating in the Swan Valley Youth Football League program for the 2022 season, including traveling to or from any practice, game, or event. I also hereby assume the responsibility for payment of any such treatment. **Parent or Guardian** _____

Father Home Phone # _____ Mother Home Phone # _____

Father Work Phone # _____ Mother Work Phone # _____

Father Cell Phone # _____ Mother Cell Phone # _____ In case

I cannot be reached in the event of any emergency, either of the following people are designated:

Name _____ Phone # _____

Name _____ Phone # _____

Health Insurance Plan _____ Policy # _____

Doctor's Name _____ Telephone # _____

Medical Conditions _____

For Staff Only:

Date Received _____

Paid _____

Check # _____

Cash _____