

Northwest Youth Padded Football League
Thursday April 8th & Monday April 19th
Sioux Center Middle School Commons 6:00pm – 7:00pm
Cost \$100

Students entering the 3rd through 6th Grade.
After June 5th the cost will be \$150, with NO EXCEPTS.

NOTICE: Please bring your son/daughter so we can fit him/her with a helmet and shoulder pads. Please have them in appropriate attire to fit on pads. Also bring completed registration form and payment. No one will be registered until forms are complete and payment made in full.

2010 Northwest Youth Football League

Medical Information: Please PRINT all information.

Participant Name: _____ Date: _____

Doctor: _____ Doctor's Phone #: _____

List any allergies: _____

Insurance Co. Name & Number: _____

Person to contact in case of emergency:

Name: _____ Phone #: _____

Cell Phone #: _____

I, _____, as parent/guardian of the above participant, certify that the above participant is both physically and mentally able to play in the Northwest Youth Football League and has health insurance and will have coverage through the duration of the Northwest Youth Football Season. I also hereby give my permission to the above named doctor and/or medical facility to treat the above named participant in case of injury.

Parent / Guardian Signature: _____ Date: _____

***No refunds unless your child moves out of the school district before the season starts.**

For more league information go to <http://www.nyflhome.com>.

PLEASE COMPLETE BACK OF FORM

Northwest Youth Football League
2010 Registration

Date: _____
Paid: Cash _____
Check # _____
Rec'd by: _____

Northwest Youth Football League 2010 Registration

Athletes Name: _____ Phone: _____

Names of both Parents/Guardians: _____

Address: _____ City: _____ ZIP: _____

Parent's E-mail Address: _____ Player's Email Address: _____

School Attending: _____ Grade (Fall 2010): 3rd _____ 4th _____ 5th _____ 6th _____

Parental Authorization

We, the parents of the above named player of the NYFL team, hereby give our approval for participation in any and football activities during the current season. We assume all risks and hazards incidental to such participation including transportation to and from the activities, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the NYFL Association, their organizers, officials, coaches, sponsors, supervisors, participants and persons transporting our child, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

We, the parents, agree to be financially responsible for proper maintenance and return of the NYFL football equipment and uniform. If not returned at the end of the season, replacement costs for uniform will be paid by the signee. Participants must furnish shoes. Helmet, game jersey, shoulder pads, pants and mouthpiece will be issued by NYFL.

Consent for Medical Treatment: As the parent/guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Parent/Guardian Signature: _____ Date: _____

NYFL desires quality coaches. If you are interested in a coaching position, circle one: Head Coach / Asst. Co
Volunteers are always welcome. Please indicate area of service you would like to be involved in:

- | | |
|-----------------------------|--------------------------------------|
| _____ Snack bar/concessions | _____ Field set-up and take down |
| _____ Chain Crew | _____ Equipment (Assist) |
| _____ Team Mom | _____ Field Clean Up after the games |

League fees are collected to provide insurance, equipment, officials, fields and various administrative costs for the league.

Equipment: I understand that I am responsible for all NYFL issued equipment, the upkeep while in my child's possession, and will return of such equipment at the end of the 2010 season. I understand that I will be charged an additional fee if issued equipment is not returned in satisfactory condition.

Parent/Guardian Signature: _____ Date: _____

Please provide payment along with your completed registration form. Please make checks payable to the NYFL.

Registration is NOT valid without payment, completed registration form, and player fitted.

Helmet: _____ Shoulder Pads: _____ Pants: _____

Any additional questions contact Nate Maassen at nmm@ppicareers.com. Please mail completed forms with payment to Nate Maassen, 479 12th St Circle SE, Sioux Center, IA 51250.