

NEWFANE YOUTH FOOTBALL AND CHEERLEADING ORGANIZATION (NYFC) REGISTRATION FORM

Ages 6 – 13 Fees: Football \$95.00 Ages 6 – 14 Cheerleading \$85.00

SPORT: Football _____ Cheerleading _____ Date of Birth ____/____/____ AGE: _____ (as of today)

Child's Last Name: _____ First _____ MI _____

Father : _____ Cell: _____ Work: _____

Mother: _____ Cell: _____ Work: _____

Address: _____ City/Town: _____

Home Telephone: _____ Email: _____

Veteran player: _____ New Member: _____ How many years played: _____

NOFA NUMBER ASSIGNED: _____ (Office Use Only)

Football / Cheerleading Season: 20_____

Football:

Choose one	Age	Team	Age Limitation	Weight Restrictions	**Please Note**
	6-7	Hurricanes	Must be 6 before Dec.1 st	90lbs	Over weight at 1st game
	8-9	Thunder	Age cut off Dec 1 st	110lbs	Requires striped helmet
	10-11	Lightning	Age cut off Dec 1 st	130lbs	And limited to line play
	12-13	Storm	Age cut off Dec 1 st	155lbs	Cannot exceed 155lbs

Cheerleading:

Choose One	Age	Team
	6-7	Newfane Panther Hurricanes
	8-9	Newfane Panther Thunder
	10-11	Newfane Panther Lightning
	12-14	Newfane Panther Storm

*****REGISTRATION FEES ARE NON-REFUNDABLE AFTER AUGUST 1, of current year *****

***** ANY FOOTBALL REFUNDS WILL BE FEE MINUS \$30 FOR JERSEY*****

I, the undersigned parent/guardian of _____, who has been registered to participate in the football or cheerleading program sponsored by the NYFC, hereby give approval to his/her participation in any and all activities of the NYFC related to their sport. I understand that injuries may occur, and hereby waive, release and agree to hold harmless NYFC, it's officers, directors and others associated with it in any way, as well as other participants and their parents/guardians, from any claim arising out of an injury to my child, except to the extent and in the amount covered by addict of liability insurance held by NYFC. Furthermore, I agree to return upon request, the uniform and other equipment issued to my child by NYFC in as good of condition as when it was received, except for normal wear, or otherwise to pay NYFC the cost of replacing any portion of the uniform or equipment I do not return. I consent to have the above named child participate in mandatory fund raising events. I agree to allow individual and team pictures taken of my child through NYFC and its affiliates and be posted on the NYFC website: **Newfaneyouthfootball.com**

Child's Physician: _____ Phone # _____

Drug Sensitivities or Allergies _____

Other medical/physical/developmental concerns: _____

PHYSICALS:

_____ Date Turned in _____ Anticipated Date

BIRTH CERTIFICATE: _____ Date Turned in _____ On File

