

NORTHERN VERMONT YOUTH FOOTBALL LEAGUE (NVYFL) REGISTRATION 2025

TEAM: Dolphins 1234 Williston Rd SB Vt. 05403

If this is your child's first season please ✓ here: ☐ First year players must have a copy of player's birth certificate attached to this registration form.

PLAYER'S LAST NAME _____ FIRST NAME _____ GENDER _____

PLAYER'S NICKNAME _____ BIRTH DATE _____ HEIGHT _____ WEIGHT _____

FOOTBALL EXPERIENCE (✓ one) NOTE: No experience is necessary. ☐ None ☐ Flag ☐ 1 year of tackle ☐ 2+ years of tackle

PLAYER'S SCHOOL IN THE FALL _____ GRADE IN THE FALL _____

PLAYER LIVES WITH ☐ Both Parents Together ☐ Both Parents Separately ☐ Primarily Parent A (see below) ☐ Primarily Parent B (see below)

PARENT (A)

NAME _____

ADDRESS _____

HOME PHONE # _____

CELLULAR PHONE # _____

EMAIL _____

PLACE OF WORK: _____

WORK PHONE # _____

PARENT (B)

NAME _____

ADDRESS _____

HOME PHONE # _____

CELLULAR PHONE # _____

EMAIL _____

PLACE OF WORK _____

WORK PHONE # _____

PREFERRED E-MAIL ADDRESS FOR LEAGUE CORRESPONDANCE ☐ Parent A's e-mail address OR ☐ Parent B's e-mail address

PLAYER'S PHYSICIAN _____ PHYSICIAN'S PHONE # _____

MEDICAL INSURANCE COMPANY _____ POLICY # _____

MEDICAL PROBLEMS, ALLERGIES, MEDICATIONS PLAYER IS TAKING OR TAKES ON A REGULAR BASIS _____

LOCAL EMERGENCY CONTACT (Other Than Parent) _____ The League carries NO medical insurance, must have medical insurance to play

NAME _____ PHONE _____ RELATIONSHIP TO PLAYER _____

NVYFL IS AN ALL VOLUNTEER ORGANIZATION. PLEASE INDICATE IN WHICH AREA(S) YOU CAN HELP.

☐ Coaching ☐ Assistant Coaching ☐ Team Parent ☐ Refereeing ☐ Preparing Equipment for Games ☐ Game Day Help
☐ Fundraising ☐ Other (Please explain) _____

PARENTAL RELEASE I/We certify that I/we am/are the parent(s) or legal guardian(s) of 'player' and that he/she is, to the best of my/our knowledge, physically fit and able to participate in unrestricted activities related to practice and games in the sport of football. If 'player' has a history of serious illness or injury a note signed by a physician clearing the individual for full participation in all NVYFL activities must accompany this form.

GENERAL RELEASE The undersigned individual, in consideration of his/her player's participation in the Northern Vermont Youth Football League, covenants and agrees to hold harmless NVYFL, its agents, team organizations, coaches and all league administrators and persons transporting 'player' to/from activities, against all liabilities, expenses, costs and claims arising from or in connection with any suit, claim or demand of any kind and character brought or maintained in connection with the player's participation in the NVYFL and any associate member team. The program includes the use of football players' equipment, and the preparation for a participation in tackle football games—a contact sport—under the instruction and supervision of adults. NVYFL hereby informs both the player and his/her parents that there are risks inherent in athletic participation.

I/We agree to return all equipment assigned to my/our child, or be sent a bill for it.

MEDICAL RELEASE I/We grant permission to NVYFL coaches/staff to render first aid to 'player'. In case of emergency, I/we hereby authorize him/her to be treated by Certified Emergency Personnel and understand that I/we and/or his/her emergency contact (parents first) will be contacted as quickly as possible.

WEBSITE RELEASE I/We give permission for 'player's picture and name (first initial, last name) to appear on the NVYFL website and/or associated team site. Further I/we understand that the content of the website is at the sole discretion of the website administrator and NVYFL and that neither guarantee that his/her neither picture nor name will appear. (Place a checkmark in the box only if you do not agree to this release. ☐)

By signing below, the player and parents acknowledge all information and herein give their consent to participate in the NVYFL program.

PARENT OR GUARDIAN SIGNATURE

PARENT OR GUARDIAN PRINTED NAME

DATE