

YORK COUNTY YOUTH FOOTBALL ASSOCIATION

REGISTRATION FORM

YCYFA AUTH _____ DATE _____
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LEVEL Smurf

SEASON 2019

PLAYER NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

YEARS OF EXPERIENCE \_\_\_\_\_

HEALTH CERTIFICATION

HEALTH INSURANCE \_\_\_\_\_ POLICY NO. \_\_\_\_\_

**\*\*\*BELOW TO BE COMPLETED BY PHYSICIAN\*\*\***

CLEARED TO PLAY FOOTBALL \_\_\_\_\_

RESTRICTIONS \_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_

PHYSICIAN PRINTED NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ MEDICAL PROVIDER NO. \_\_\_\_\_

YORK COUNTY YOUTH FOOTBALL ASSOCIATION

REGISTRATION FORM

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LEVEL Rink

SEASON 2019

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