

## Valley Football Conference & Cheerleading Registration Form – Season \_\_\_\_\_

Player Last Name:	Player First Name:		
New: Return:			
Address:			
City or Town:		_	
State: PA Zip code:			
Date of Birth: Month: Day: Year:	Age:		
Squad: Football: Flag Rookies Juniors	Seniors Cheer: D	C B	A
School District:	School:		_ Grade:
Parent or Guardian Name:		Phone:	
E-Mail Contact:			
Birth Certificate: Physical: Photo: Sch	ool District Proof:		
participants. While every precaution is taken to avo effort is made to ensure all coaches within our leaguabove-named athlete has my permission to play for the current season. By signing this form, I waive a incidental to the player's participation in this sport. for any unforeseeable event or for injury that may of false, the player will immediately	ue are well trained and are peotball/cheer and to participate ony and all causes of action will I further waive any and all cla occur and recognize that if any	ermitted to work e in all practice so hich may arise in hims against the ' y of the above lis	with children. The essions and games connection with or VFC and its officers ted information is
Parent or Guardian Signature:		Date	e:
Authorization for Medical Care I authorize any leaguest judgment in the event of a medical emergency claim against such individual in the exercise of surreceived during the current season is the response	requiring medical attention. I Ich judgment. I recognize tha	hereby waive m insurance cover	y right to bring any age for injuries
Parent or Guardian Signature:		Date	e:

## **VFC Player Registration Form Instructions**

Please print clearly on this form. A copy must be placed in the VFC roster book (with the player's birth certificate, physical examination, photo, proof of school district, and other pertinent information). A computer-generated list of players using these forms must be developed using Microsoft Word. The file must be placed in the organization player roster book.