



**FOOTBALL PLAYER REGISTRATION
2018 Season**

Organization Name: _____ Player: New Returning
Team: Smurf Peewee Pony Midget Date of Birth: _____
First Name: _____ Last Name: _____
Team Name: _____
Address: _____
City: _____ State: **PA** Zip Code: _____
Parent/Guardian: _____
Phone: _____ Email: _____

Parent Guardian Agreement

Along with allowing the above-named player to participate in all and any Mid Penn Elite Youth Football Association sanctioned games and practices, I as a parent/guardian, have read and agree to follow the Zero Tolerance Policy* and agree, without complaint, to abide by any sanctions or discipline executed by the MPEYFA Board of Directors.

(Parent/Guardian signature) (Date)

Physician Statement

I, _____ (print name), examined the above-named player and determined him/her to be in good health and able to participate in the normal activities of youth football (flag or contact). If there are any known conditions, illnesses or injuries, I have attached proper documentation.

(Physician signature) (Date)

(Practice name)

* A copy of the full Parent/Guardian Zero Tolerance Policy may be obtained from your Team Organization.

Administrative Use Only

- Registration Received - Date: _____
- Equipment Provided - Date: _____
- Equipment Returned - Date: _____