

CCYFCL 2021 Official ID Card Form

1. This form must be filled out completely.
2. Original Birth Certificate, or a Certified Copy with a Raised Seal, or Passport (no Xerox copies, Hospital Notifications of Birth or Baptism Certificates accepted.)
3. \$30.00! Due at time of issue as cash or check.
4. This ID Card form Completed

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ALL INFORMATION BELOW MUST BE COMPLETED BY PARENT/GUARDIAN

**Player's Info:**

Program Name \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age (as of 8/2/2021) \_\_\_\_\_

Grade in September \_\_\_\_\_ School \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

**Parent Info:**

Mother's Full Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*I hereby certify that all the above information is true, and I will assume any and all risk and liability in the above player's participation in this youth football program. I also agree to return all equipment that is issued or will pay for its replacement.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

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Approval Initials: \_\_\_\_\_

Paid By:

Cash \_\_\_\_\_ Check: \_\_\_\_\_