

**Pine Bush Youth Football & Cheer League**

**PO Box 630**

**Pine Bush, NY 12549**

**www.pinebushyouthfootballandcheer.com**

**2025 Registration Form**

(Please print clearly and fill in all information)

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Players Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age on 11/01/25: \_\_\_\_\_

Grade on 9/2025: \_\_\_\_\_

Childs Date of Birth: \_\_\_\_\_

School Child Will Attend On 9/2025: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Child lives with (Check One) Mother Father Both  
Parents Mother's Name:

Address: \_\_\_\_\_  
Father's

Name: \_\_\_\_\_

Address: \_\_\_\_\_

EmergencyContact/Relationship: \_\_\_\_\_

Any Allergies, Medications or Conditions: \_\_\_\_\_

Mothers Phone #: \_\_\_\_\_

Mothers Cell #: \_\_\_\_\_

Father's Phone #: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Jersey Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_

Jersey Number (3 Choices): \_\_\_\_\_

Sock Size: \_\_\_\_\_

**PHOTO/VIDEO RELEASE**

Cheer: Shirt Size: \_\_\_\_\_ Sock Size: \_\_\_\_\_

Pant size: \_\_\_\_\_ Jacket Size: \_\_\_\_\_

I/We give the PBYFCL permission to post pictures/video of my child/children on the PBYFCL website and/or post photos in the local newspapers and any other flyers or publications that directly relate to the organization.

**Yes, I do agree, please initial** \_\_\_\_\_

I/We the parents/guardians of the above-named candidate for a position on a youth football team, hereby give my/our approval to participate in any and all youth football activities. I/We assume all risks and hazards incidental to such participation including to and from the activities: and I/We hereby waive, release, absolve, indemnify and agree to hold harmless the Orange County Youth Football League, the organizers, sponsors, managers and persons transporting your child to and from activities from any claim arising out of injury to my/our child whether the result of negligence or for any cause, except to the extent, and in the amount covered by accident or liability insurance.

BIRTH CERTIFICATE AND PROOF OF SCHOOL DISTRICT IS REQUIRED AT TIME OF REGISTRATION. A SIGNED PARENT CODE OF CONDUCT, MEDICAL RELEASE FORM SIGNED AND DATED FOR THE CURRENT YEAR ARE ALSO REQUIRED TO BE ELIGIBLE TO PARTICIPATE IN THE OCYFL.

Parent or Guardian Signature: \_\_\_\_\_

*A returned check fee of \$35.00 will be assessed. No Refunds*

-----Official Use Only-----

Football or Cheer (circle one) Division: \_\_\_\_\_

Verified By: \_\_\_\_\_

Cash/Check/Venmo/CC (circle one) Check #: \_\_\_\_\_ Total: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_ Paid In Full Online \_\_\_\_\_ PP \_\_\_\_\_