



YOUTH FOOTBALL FEDERATION

Official Registration Form

Spring 7v7 2021

Rev. 11-20

PLEASE PRINT CLEARLY

PARTICIPANT INFORMATION

"Name" should be noted exactly as on Birth Certificate, US Passport, State ID, or CPS/Court document(s).

First Name:	Middle Initial/Name:
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Last Name:	Alternative Last Name:
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Home Address:	City/State/Zip:
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Cell Phone Number:	Email Address:
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Age Determination Date: 7/31/2020

Date of Birth: (MM/DD/YYYY)	7v7 Team Name: [Current Year/Season]	Participation Division <input type="checkbox"/> (8U) (7-8 Yrs) <input type="checkbox"/> (11U) (11 Yrs) <input type="checkbox"/> (9U) (9 Yrs) <input type="checkbox"/> (12U) (12 Yrs) <input type="checkbox"/> (10U) (10 Yrs) <input type="checkbox"/> (13U) (13 Yrs)
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PLEASE ATTACH A RECENT ORIGINAL PHOTO HERE

(No Copies will be Acceptable)



I certify that I am the legal parent or guardian of the above named applicant. All information stated above is correct. I will adhere to all rules and regulations set forth by the Youth Football and Cheer Federation of America and all other Federation policies, stipulations and rulings. I acknowledge that the Federation has the right to impose punishment, up to and including, expulsion of my son or daughter from all activities in the program if there are any applicable violations.

PARENT/GUARDIAN NAME [Printed]

PARENT/GUARDIAN SIGNATURE

DATE: _____
(Must be signed by responsible parent or guardian only...not a coach or other team administrator.)

All parents MUST register their child(ren) on our online registration system as the next step in the process.

www.yff2021.site

The Youth Football Federation reserves the right to refuse membership of any person(s)/family to participate in the league.

For Federation Staff Use Only:
