



HALF HOLLOW HILLS YOUTH FOOTBALL LEAGUE

FOOTBALL

Registration Form 2011 Season

Player's Name _____

Date of Birth _____ Grade as of Sept.2011 _____ School _____

Address _____ Town _____

Primary email address _____

Secondary email address _____

Home Phone # _____

Mothers Name _____ Cell # _____ Work # _____

Fathers Name _____ Cell # _____ Work # _____

Emergency contact other than above- Name & # _____

Returning Player Y/N Jersey # _____ New Player Jersey # _____
Choice 1st 2nd 3rd

If yes, Past Years Coach's Name _____

Pride Siblings – Name /age/Grade in September 2011: _____

I, _____ authorize my child to play football for HHHYFL. I understand that I must provide transportation to all of the practices and games. I will also provide my child with the necessary equipment which is not provided by HHHYFL. I agree that by signing this document, that I will not hold HHHYFL, their coaches, directors, officers, coordinators and volunteers responsible for any injury or illness arising out of playing tackle football. Excess medical coverage will only be provided by the league only after all other valid and collectible medical coverage is exhausted.

Signed: _____ Date: _____

Paid \$ _____

Ck # _____

Date _____

**** All checks are made out to HHHYFL****

Half Hollow Hills Youth Football League, Inc.
P.O. Box 20065
Huntington Station, NY 11746