



HALF HOLLOW HILLS YOUTH FOOTBALL LEAGUE

FOOTBALL

Registration Form 2009 Season

Player's Name _____

Date of Birth _____ Grade as of Sept.2009 _____ School _____

Address _____ Town _____

Home Phone # _____

Mothers Name _____ Cell # _____ Work # _____

Fathers Name _____ Cell # _____ Work # _____

Emergency contact other than above- Name & # _____

Allergies or medical conditions _____

Height ____ Weight ____ Pant size ____ Shirt ____ Jersey # _____
Choice 1st 2nd 3rd

Primary email address _____

Has your child played HHHYFL before? Yes No if yes, Coach's Name _____

Pride Siblings – Name /age/Grade in September 09: _____

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