

**TULARE YOUTH ATHLETIC ASSOCIATION**  
**2011 SPRING FLAG FOOTBALL REGISTRATION FORM**

REGISTRATION FEE of \$70.00 DUE UPON RECEIPT – NO EXCEPTIONS!!!

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

Age as of **9-1-11**: \_\_\_\_\_

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

Player Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Male  Female  Email Address: \_\_\_\_\_ Parental approval to contact participant via email (for children under the age of 13) Yes  No

Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact (**This must be different from the two guardian names listed above**):  
\_\_\_\_\_  
Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Age Division**

5-6     7 – 8     9 – 11     12 – 14

What is your favorite NFL team? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Jersey Size (this is only an estimate)**

Small      **Medium**      Large      X-large

**LEAGUE USE ONLY:**

Date Paid: \_\_\_/\_\_\_/\_\_\_ \$: \_\_\_\_\_

Opt out paid: Yes \_\_\_\_\_ No \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

Receipt #: \_\_\_\_\_ by: \_\_\_\_\_

BC verified: Yes \_\_\_\_\_ No \_\_\_\_\_

**I would like to volunteer**    Yes [ ]    No [ ]    **Coach**    Yes [ ]    No [ ]

**MEDICAL INFORMATION**

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical History: (Allergies, medications, special conditions, etc.) \_\_\_\_\_

**Medical Authorization - Part 1 – Grant of Consent**

In the event reasonable attempts to contact the parents/guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Dr. (2), or preferred Dentists or in the event designated by Dr. or Dentist is not available, by another licensed physician or dentist; and (2) transfer of the child to preferred hospital or any hospital reasonably accessible. (Note: This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in necessity for such surgery are obtained BEFORE the surgery IS PERFORMED.

Participant Name: (print) \_\_\_\_\_

Parent/Guardian/Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

**Part II – Refusal of Consent (Do not complete if Part I has been completed)**

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish that Tulare Youth Athletic Association to take no action, or perform the following actions: Actions to be performed: \_\_\_\_\_

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

Parent/Guardian/Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature