



# BERWICK YOUTH FOOTBALL LEAGUE, INC.

PO BOX 287  
BERWICK, PA 18603

"Where little Dawgs grow up to be big Dawgs"

### Participant Information (1 FORM PER CHILD):

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade next Fall: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Season & Sport (circle all that apply):

SPRING CHEERLEADING • FALL CHEERLEADING • SPRING FLAG FOOTBALL •  
SPRING 7V7 FOOTBALL • FALL FLAG FOOTBALL • FALL TACKLE FOOTBALL

### Parent/Guardian Information:

Parent 1/Guardian 1 Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent 2/Guardian 2 Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Interested in Volunteering? **YES / NO** (circle where you can help this season)

Coaching • Team Mom/Dad • Chain Crew • Fundraising • Concessions • 50/50 •

Field set up/clean up • Pressbox • Events

Transportation: Can you offer Carpooling to a teammate if needed? **YES / NO**

Do you need help with transportation? **YES / NO**

### Medical Information:

Family Doctor: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_

Emergency Contact: (if parents/guardians cannot be reached)

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

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

Allergies (if any): \_\_\_\_\_

Medical Conditions (if any): \_\_\_\_\_

### Please Initial:

\_\_\_\_\_ The BYFL has my permission to use my child's image.

\_\_\_\_\_ I give my consent for medical treatment of my child if I am  
unavailable for any emergency need during the season.

I, the parent/guardian of the child named above, hereby give my consent and approval for my child to participate in all of the activities of the BYFL during the season. I do further hereby release, absolve, indemnify, and hold harmless, the organizers and sponsors and hereby waive all claims against the organizers and sponsors or any of the supervisors appointed by them. I waive, to the extent not covered by liability insurance, any claims against any person transporting my child to or from BYFL activities. I certify that my child is in good health and is physically able to participate in all BYFL activities.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_