



Registration Fee: \$60.00

2022 Edgefield County Youth Football League
Cheerleading Registration Form



Players Information

First Name: _____ Middle: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Age as of September 1, 2022: _____

Team Played for last Season: _____ Jersey Size: Youth: S M L XL /Adult: S M L XL

Parental Information

Fathers Name: _____ Phone Number: _____

Mothers Name: _____ Phone Number: _____

Primary Contact for practice and games: _____

Would you the Parent be willing to Volunteer with the League:

Yes no

Head Coach: _____ _____

Assist Coach: _____ _____

Team Mom or Dad: _____ _____

PARENTAL AUTHORIZATION

I do hereby grant permission for the above named youth to participate in any and all activities of the ECYFL during the 2022 season. I assume all risks and hazards incidental to such participation including transportation and from such activities and do hereby waive, release, absolve, indemnify, and agree to hold harmless the ECYFL, organizers, respective coaches, assistants, league officials, agents, other players or parents/guardians, sponsors, supervisors, participants, volunteers, and any other persons from any and all claims for damage or injury arising from any activities of this sports program, except the extent and in the amount covered by accident or liability insurance. I further grant permission for emergency first aid to be given to this minor and for him/her to be taken to the emergency room of a nearby hospital in the event of serious injury. Permission is granted to the hospital and staff to provide any treatment that that physician deems necessary for the wellbeing of the child. I understand that the assignment of my child to the League teams is at the discretion of the League Officials. I will furnish a Birth Certificate of the above named candidate when requested to do so by the code of conduct in the ECYFL and the code of conduct in the ECYFL Bylaws.

Name of Parent or Guardian: _____ **Relationship:** _____

Parent Signature: _____ **Date:** _____

****Registration Forms can be mailed into the Recreation Office at 206 Penn St. Suite 6, Edgefield, SC 29824. Make Checks Payable to Edgefield County. Fee is \$60.00**

Amount Paid: _____