

Danville Youth Football 2010 Spring Flag Football Season

Program Purpose: The purpose of DYF Flag is to give Danville students the opportunity to learn the basic techniques involved in football, increase their level of physical fitness and offer them the opportunity to compete with their peers in recreational flag football.

Program Information: The equipment, rules and style of play of this program are described on the DYF website at: www.danvilleyouthfootball.org. Games will be held at the Bate Middle School practice field.

Registration: To be able to order the jerseys in time to start the season the week of April 11 the **registration deadline is March 27th**. Mail this form to DYF, PO Box 906, Danville, KY 40423-0906. The fee is **\$25 per player**. To encourage participation we are keeping the registration fee as low as possible. Since the registration fee is so low there are no scholarships for this program. Late registration cannot be accepted after the tee shirts have been ordered.

Player Name: _____

School: _____ Current Grade: _____

Date of Birth: _____ Current Age: _____ Sex (circle one): Male Female

Tee Shirt Size (Circle one): Youth Sm - Youth Med - Youth Lg – Youth XL - Adult Sm - Adult Med - Adult Lg - Adult XL

Parent/Guardian Name: _____

Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone #: _____

I would like to help coach

DISCLAIMER AND WAIVER: I/We give permission for my/our child, named above, to participate in Danville Youth Football Spring Flag Football Program. I/We agree that Danville Youth Football (DYF), its members, coaches, or officers and the Danville Independent School System, and their employees, sub-contractors, sponsors, agents and affiliates shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of DYF and we agree to indemnify and to hold harmless the Danville Independent School System, DYF, and its members, coaches, officers, or designates of any kind from any claim whatsoever. In addition, I/we give permission to DYF for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all Danville Youth Football activities.

Parent/Guardian Signature: _____ Date: _____

**Please mail this Registration Form & \$25 to DYF, P.O. Box 906, Danville, KY 40423-0906
Or delivery it to Critchfield & Critchfield CPA with exact change.**

Questions? Call Stuart Critchfield @ 583-6997 or email stuart@danvilleyouthfootball.org

www.danvilleyouthfootball.org

DO NOT SUBMIT FORMS TO YOUR SCHOOL. FORMS MUST BE MAILED IN.