



Riverside Youth Football Association

2021 Registration

Player's Name	Age & Grade	D.O.B MM/DD/YYYY	Sex	First Year Playing Y/N	Team	Fees	Amount Due
Player 1:						\$75	
Player Sibling 2:						\$50	
Player Sibling 3:						\$50	
Player Sibling 4:						\$50	

Mandatory Raffle (Must sell 20 tickets @ \$10/each) per player	\$200	
Volunteer (Separate Check) – only cashed if unable to vol. 2 times per child	\$75 /child	
Total Due:		

Health Concerns:

Insurance Coverage:

Child Resides with : Father/Mother/Both/Other: _____

Address: _____

Phone: _____

I/We, Parents and or guardian of the above name candidate for a position on a league team, hereby give my/our approval to participate in all league activities.

I/We assume all the risk and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the chartering organization, organizers, sponsors, participant and persons transporting my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accidental and liability insurance.

I/We understand that the insurance carried by the league covers only the amount that is not paid by my/our carrier.

I/We agree to return upon the request the uniform and other equipment issued to my/our child in as good a condition as when it was issued except for normal wear and tear.

Signature: _____

Date: _____