



League Registration Form

Player Name:

Parent/Guardian Name:

Street Address:

City:

State:

Zip:

Parent Phone Number:

Parent E-Mail:

School:

Grade (26-27):

Birth Date:

Have you played flag football before? Yes No

If yes, where?:

I would like to be considered as: Head Coach Assistant Coach

In the case of severe illness or injury, I hereby give my consent to the Cadet Youth Football League, or person in charge of the event, to provide emergency care through a hospital, physician or EMS for the player named herein, and in turn hold harmless the league, officers, coaches or person in charge from any claim arising out of injury to said player.

Parent/Guardian Signature:

Date:

PLEASE BRING THIS FORM WITH YOU TO PLAYER REGISTRATION

Please make checks payable to Cadet Youth Football.
Drop payment off in-person at registration or mail to:
Concordia Lutheran High School | Attn: Dale Doerffler / Cadet Youth Football
1601 St. Joe River Drive | Fort Wayne, IN 46805

FOR LEAGUE USE ONLY

Fee Paid: Check #: Cash

CADET YOUTH FOOTBALL EMERGENCY INFORMATION FORM

PLEASE BRING THIS COMPLETED FORM TO REGISTRATION

ATHLETE INFORMATION

Athlete Name:

Age:

CONTACT INFORMATION

Cell Phone:

Email:

Emergency Contact Name:

Emergency Contact Phone:

HEALTH INFORMATION

Allergic to medicines?

Yes

No

If yes, what:

Other allergies:

Asthma:

Yes

No

Diabetes:

Yes

No

Epilepsy:

Yes

No

Currently on medication?

Yes

No

If yes, what:

Wears contacts:

Yes

No

Parent/Guardian Signature

Date